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the third copy hours after death. 24 hours

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death certificate be

registrar by the fi the cernificate has been executed by the attending physician and completely filled deeth certificate assembly should be detached for use as a burial transit permit ATSC 4-55 10M NSTRUCTIONS law requires that the ATTENDING PHYSICIAN OR HOSPITAL: The law requires that The bottom copy may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Maryland

10655 CER	IFICATI	E OF DEA	Reg. Dist.	No. 80
1. PLACE OF DEATH		2. USUAL RESIDEN	ICE (HOME) OF DECEASED	
COUNTY Carroll	MARYLAND	stateMarylar	nd county Car	roll
CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN New Windsor	LENGTH OF STAY (in this place) Vears	OR	rete limits, write RURAL and give neere Vindsor	est town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Church St.		STREET ADDRESS	(If rural give location)	/
	Aiddle)	(Lest)	4. DATE (Month)	(D-1)
DECEASED	to see the second	LEXANDER	OF DEATH NOV.	(Day) (Yaar) 28, 1955
S. SEX 6. COLOR OR 7. SINGLE, MARRIET WIDOWED, DIVO	DRCED.	of BIRTH 5/1908	9. AGE lest birthday IF UNDER 1 H7 yrs. Months	YEAR IF UNDER 24 HRS. Days Hours Min.
dona during most of working life, even if OR I	of Business Industry home	11. BIRTHPLACE (State or forei	gn country) 12.	CITIZEN OF WHAT
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
William H. Green		Anna Ba	aker	
	SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS	Nd.
(If Yes, give war or dates of servica)	14-28-0184	Talbot A	Alexander, Ne	w Windsor.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 5	18. MEDICAL CE	Tesis - 7 Ralo	٧	INTERVAL BETWEEN ONSET AND DEATH FIND U
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
199. DATE OF OPERATION 196. MAJOR FINDINGS C	noma Cal	21c. WHERE DID INJURY OCCU	R? (City or town) (County	20. AUTOPSY? YES NO (Stata)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, of (IF EITHER, NOTIFY MEDICAL EXAMINER)	ice bidg., etc.)		(County	(Stata)
		21f. HOW DID INJURY OCCU	R?	
22. I hereby certify that I attended the decease		1053 10 100	5 7-8 10 C C 11.11	
alive on 167 7-4 195 8 , and signature 123. Burial, cremation, removal (specify)	that death occurred a	visterius ?	causes and on the date stated RESS (Streat, city, town, state) LOCATION (City, town, or county)	above. DATE SIGNED ((State)
Burial 12/1/55	Pipe Cr	eek Cemetery	And the second s	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	Benedick	25. FUNERAL DIRECTOR'S	signature a	DDRESS

MARYLAND STATE DE ART MART OF MALLES CHARLES OF A STEAM

HILANG TO STADISTING JEATH

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The bottom copy may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10656CERTIFICATE OF DEATH

10660

1. PLACE OF DEATH	2. USU	AL RESIDEN	ICE (HOME) OF D	ECEASED		
COUNTY Carroll MARYLAN	ID STATI	Marylan	d county	Balto		
CITY (If outside corporete limits, write RURAL LENGTH OF ST	TAY CITY		rete limits, write RURAL o	end give nearest	fown)	
X OR and give nearest town) Sykesville, Maryland 3yrs, 8m		Die	keyville			X
HOSPITAL OR	STREE			ve location)		1
5 STREET ADDRESS Springfield State Hospital	ADDR		01 Tubker	venue		
3. NAME OF (first) (Middle)	(Last)		4. DATE (Mo		Day) (Ye	ar)
(Type or Print) Lavinia Martha	Anderson		DEATH :		14 19	55
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8 RACE WIDOWED, DIVORCED,	B. DATE OF BIRTH		9. AGE last birthday	Months C		
Female White (Specify) Widowed	Sept. 29. 1	872	83 yrs.	Months	Deys Hours	Min.
1De. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS		CE (State or forei	gn country)		CITIZEN OF WH	AT
done during most of working life, even if retired) I aundress OR INDUSTRY	Free	dentale	Maryland	200	U.S.A.	
13. FATHER'S NAME		HER'S MAIDEN			O DO D	-
Thomas James Staufer		Anr	nie Browner			
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURIT	TY NO. 17.	NFORMANT & A	DDRESS			
(Yes, no, or unk.) (If Yes, give war or detes of service)	6	Hos	spital reco	rds		
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	CAL CERTIFICATIO				INTERVAL BETY ONSET AND D	
4/20.1						
MMEDIATE CAUSE (A) Coronary	y occlusion				15 m	LAS.
ANTECEDENT CAUSE(S) DUE TO					5 yr	-
DISEASES OR CONDITIONS, IF ANY, (B) UNITORIES	e myocarditi	.3			2 37	
STATING UNDERLYING CAUSE LAST, DUE TO		wi amalay	and a			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	ralized arte	LTORCTAL	(0)12			
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.						
19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION					20. AUTOP	
					Lad	
21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21b. PLACE (Home, farm, fectory, OF INJURY street, office bldg., etc.)	21c. WHERE D	D INJURY OCCUR	(City or town)	(County)	(Stete	»)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRE		INJURY OCCUP	??	O COLE		
M. While Not wh		Marie 1904				7-3
22. I hereby certify that I attended the deceased from?.	-11- 1053	. to 1	1-11- 19 55	that I la	st saw the de	ceased
alive on11-13, 1955, and that death occ						-00300
\$IGNATURE	CUITOU GIARAMAA.I		RESS (Street, city, tov		DATE SI	GNED
101 11 111 4 40 111	M.D. Springfi	ald Moss	ottol Cyles	errilla.	164 11	71.
23. BORIAL, CREMATION, DATE THEREOF NAME OF CEM	AETERY OR CREMATORY	era nos	LOCATION (City, tow			State)
REMOVAL (SPECIFY)		2.1	41			/
	raine To	uk,	Woodl	acon	Med	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNEI	AL DIRECTOR'S	SIGNATURE	AO	DRESS 1	
DATE HOW 14. 1955 P THATELY (1)66	1) 19.14	breach	Micery - 71	melle.	Thel Vari	

MARYEAGO STATE DEPARTMENT OF HEALTH-GALTIMORE, IS

INTROCERTISICATE OF DEATH

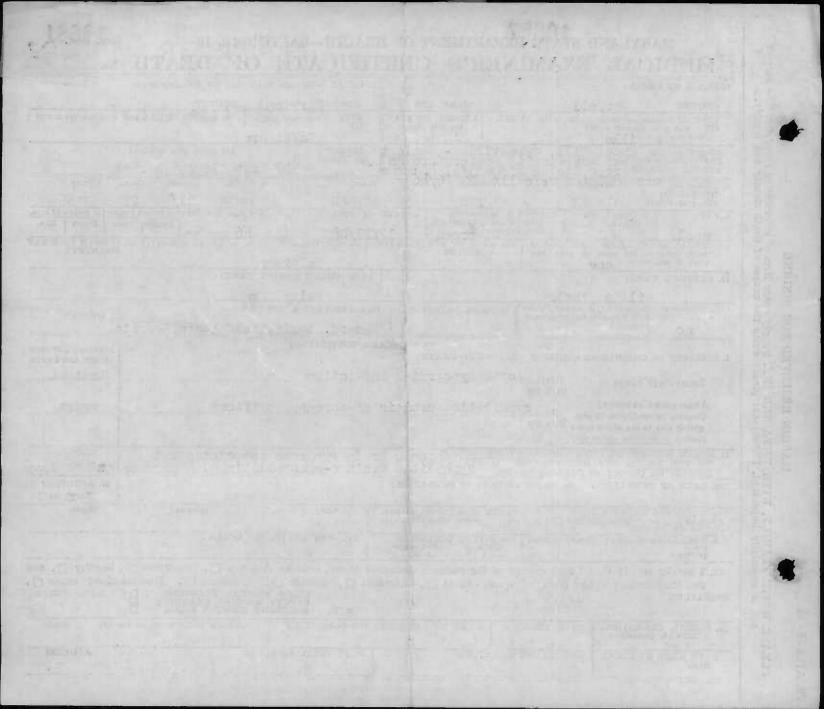
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	HOROTELLIA SHELLIA				

MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE, 1	.8

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reg.	D191%	Miles.

MEDICAL EXAMINER'S CERTIFIC	AVENUE	Or.	DEATH]
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MEDICAL EXAMINED CER	THE CHILL OF DIMETI	140
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Carroll MARYLAND	STATE Maryland COUNTY	
CITY (If outside corporate limits, write RURAL OR and give nearest town) X TOWN Sykesyille LENGTH OF STAY (in this place) Minutes *	CITY (If outside corporate limits write RURAL and OR TOWN Raltimore	give nearest town)
HOSPITAL OR Spout Hill, Sykesville - Patient INSTITUTION OR was boarding in Foster Care on STREET ADDRESSATOLE Status since 3/11/48; she	STREET (If rural, give location) 527 East Clement Stree	t V
3. NAME OF Was adopting the Tele II/(Middle) 20/40 DECEASED:	(Last) 4. DATE (Month) (Day OF DEATH 11/ 27	
5. SEX: 6. COLOR OR RACE: WIDOWED, DIVORCED, (Specify): Divorced 12	9. AGE last birthday: IF UNDER 1 Y	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): none 10b. KIND OF BUSINESS OF INDUSTRY:	R 11. BIRTHPLACE (State or foreign country): 12. Baltimore	CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	VMA
William Bosley	Daisy Cole	
	17. INFORMANT & ADDRESS: Record. Springfield State Hospit	~ · ·
	AL CERTIFICATION	8.1
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)		instant years
IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Chronic to THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Syphilitic in	prain syndrome associated with meningo-encephalitis with psychos	known
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes No
21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 21b. PLACE (Home, farm, factory, of street, office bldg., etc. INJURY		(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at work □ 0F While at work □ Not while at work □	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains described find that death resulted from: Natural causes [], Accidental companies of the remains described find that death resulted from: Natural causes [], Accidental causes [], Accidenta	dent, Suicide, Homicide, Undeter CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM. RY OR CREMATORY LOCATION (City, town, or co	mined cause DATE SIGNED ///27/57
Burial Dec. 1.55 Loudon Par	k Baltimore, Md	ADDRESS
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	JOHN F. DENNY, INC. 715 L	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10558 CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH		2. USUAL RESIDENCE	E (HOME) OF DECEASE	
COUNTY Carroll	MARYLAND	STATE Marvlan	d COUNTY	
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (If outside corpore	ta limits, write RURAL and give near	est town)
OR and give nearest town) TOWN Sykesyille	(in this place) 9month lday	TOWN Baltimo	no (21)	3101.4
HOSPITAL OR	17 montair rady	STREET	(If rural give location)	
15 INSTITUTION OR STREET ADDRESS Commission 2	71 1 7	ADDRESS	45 27 01 1	/
3. NAME OF (First)	State Hospital (Middle)	(Last)	Donnell Street	(Dey) (Year)
DECEASED (Type or Print) SARAH	FILA	BEALL	OF DEATH 11	18 19 55
	LE, MARRIED, 8. DATE CONED, DIVORCED,	OF BIRTH 9	. AGE lest birthday IF UNDER	
Female White Spec	ify) Widowed 5-27	-60	86 yrs. Months	Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work	10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign	n country) 12	CITIZEN OF WHAT
done during most of working life, even if	OR INDUSTRY	Managara 2		COUNTRY?
retired) Housewife		Maryland 14. MOTHER'S MAIDEN N	AMF	U.S.A.
13. FAIRER 3 NAME				
Samuel Ryan			illa Turner	
15. WAS DECEASED EVER IN U. S. ARMED FORCES		17. INFORMANT & AL	DDRESS	
(Yes, no, or unk.) (If Yes, give wer or detes of servi		Hospital	records	
	18. MEDICAL CER			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO	DEATH			ONSEL AND DEATH
002 XIMMEDIATE CAUSE (A) _	Myocardial Infar	ction		2 days
ANTECEDENT CAUSE(S) DUE TO				
DISEASES OR CONDITIONS, IF ANY, (8)	Arteriosclerotic	Heart Disease		Years
STATING UNDERLYING CAUSE LAST. DUE TO				
(C) I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Tuberculosis of			Unknown
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH, OT	UDD assoc, with a	isturbance of maile brain dise	etabolism, grow	tic IU month
19e. DATE OF OPERATION 19b. MAJOR	FINDINGS OF OPERATION rea	ction.		20. AUTOPSY?
<i>U</i>				YES NO
	ACE (Home, farm, factory, RY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR	(Coun	(Stete)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Ho	While Not while at work et work	21f. HOW DID INJURY OCCUR		
22. I hereby certify that I attended to	he deserved from 2-17	10 55 10 77	-78 19 55 that I	last saw the deceased
alive on 11-17 19 55				
SIGNATURE	, and that death occurred at		ESS (Street, city, town, state)	DATE SIGNED
Walther H. Journ	enfilled M.D. Sn		Hosp Sykesy	
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR		LOCATION (City, fown, or county)	
Burial 11/22/	55 Baltimore	Cem.	Baltimore	Md.
24. REC'D BY REGISTRAR REGISTRAR'S 8		25. FUNERAL DIRECTOR'S S		ADDRESS
10 12 2 1333 / 2/	Jeen.	John A. Mo	ran 3000 E. B	alto. St.
DATE	ry Oreer	1		

INSTRUCTIONS

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

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11/21/55 | altimore Jem.

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Pirria

John A. Horen 2000 B. Enlto. St.

INSTRUCTIONS

10659 CERTIFICATE OF DEATH

Reg. Dist. No. 26

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Carroll MARYLAND	STATE Maryland County Carroll	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (Il outside corporate limits, write RURAL end give nearest town)	
X or ond give neerest town Westminster 3 days	TOWN rural Westminster	X
HOSPITAL OR INSTITUTION OR STREET ADDRESS R 4 Mexico	STREET (If rural give location) ADDRESS R 4 Mexico	1
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Yo	eer)
(Type or Print) Joan Marie B	lum BEATH NOV. 17	55
Female 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED SINGLE Octo	of Birth of 3,1955 9. AGE lest birthday IF UNDER 1 YEAR IF UNDER 1 YEAR Hours	R 24 HRS.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child	11. BIRTHPLACE (State or foreign country) Md.Gen. Hospital Balto.	HAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Raymond C. Blum	Kathleen Null	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
(Yes, no, or unk.) (If Yes, give war or dates of service)	- Raymond C. Blum R4 Westminst	er, M
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE (A) 18. MEDICAL CENTRAL MEDICAL MEDICAL MEDICAL MEDICAL CENTRAL MEDICAL	rtification Interval BEI ONSET AND 2 cl	WEEN DEATH
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	uza - 4 de	rep
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOI YES N	PSY?
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (Sta	te)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. fNJURY OCCURRED While Not while et work et work	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from laive on 177 19. Some and that death occurred at SIGNATURE BULLER ROME M.D.	19 5, to 19.5, that I last saw the det. 19.5, the det. 1	,
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial Nov.18.1955 Luthern		(Spate)
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	Cemetery Taneytown, Maryland 125. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	L
DATE Ph-1 9-0.5 Hamut Willer	John R. Byers Westminster. Mc	1

100 SS 1055

BUREAU V. S.

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HISSOCERFIRICATE OF DEATH

ST DECEMBER OF STATE DEPARTMENT OF MEASTER BALTIMORE, IS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10660 CERTIFICATE OF DEATH

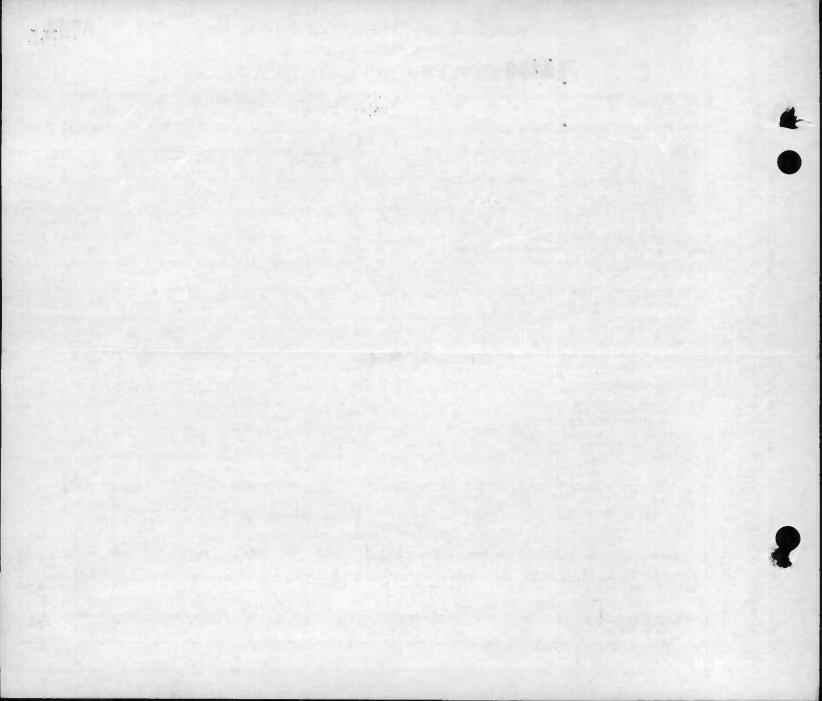
Reg. D	ist.	No		

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED-
COUNTY Carrol MARYLAND	STATE Ma. Carroll Co.
CITY (If outside corporate limits, write RURAL and CITY OF ST. (in this place)	AY CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN THOO E 19975	
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)
STREET ADDRESS Yrone Coli	Tyrone 19.
3. NAME OF (Virst) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) MARY CECILIA BONT	DEATH /VCV / 2 1953
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCEI	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs Months. Days Hours Min.
Lemalel while (Specify) Wlower	002pN, 1891 1 67 yrs. 1
done during most of vorking life, even if retired) INDUSTRY	The state of the s
I to usew, I e I Home	. Dalto. C. Ty 4.3, A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECRASED EVER IN U.S. ABMED FORCES 7 16. SOCIAL SECURITY NO.	11/nn 11. Creager
(Yes. wo, or unknown) (If year, give war or dates of	ALL MY OKMANI AND ADDRESS
2 hO service) XX0-X2-16 X	2 Misston Doyle - 1135 Orem : Kol. 20
	CERTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
/5/X Carcinona, Stor	mach
Immediate cause (a)	
Antecedent cause(s)	
Diseases or conditions, if any, (b)	
giving rise to the above cause stating the underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not	
related to the disease or condition causing death. 19a, DATE OF OPERATION 19h, MAJOR FINDINGS OF OPERATION	N 20. AUTOPSY?
IVES DAIL OF OTHER PARTY OF THE	
21. ACCIDENT (Specify) PLACE (Home, farm, factory, stre	eet, (CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.) INJURY	(SIAID)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While INJURY m. Work At work	
22. I hereby certify that I attended the deceased fromJ.u.l.y.	1, 1955, to Nov. 11, 1955, that I last saw the deceased
Nov 11 10 55 and that double command a	6 Am from the course and on the data data data
alive on NOV. 11 , 19.55, and that death occurred a	t
) Al a see A	Il - Brid my
J. IV. LEGA LUN	uneou (ways, 1110 /1-12-33
23. BURIAL, CREMATION DATE REMOVAL (Speedily) NOV: 14, 1455 1+01.	CTERY OR CREMATORY LOCATION (City, town, or county) (State)
Barie Nov: 14, 1535 1 +010 1	edeemen Jalto. Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
-11/4/53 1/16 rechek	JOHN T. STANSBURY 6411WINDSOR MILL RO
82	BALTO, 7, MD

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct ag

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The bottom copy may be retained by the hospital or attending physician.

After this by of this TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. certificate has been executed by the attending physician and completely filled in by the funeral director, the third cop death certificate assembly should be detached for use as a burial transit permit. ATTENDING PAYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within

director, the third copy

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10661CERTIFICATE OF DEATH

10665

Item 23,	FilmG189 11-2	23-55 e	t						eg. Dist	. 1401		
1. PLACE OF	DEATH				2. U	SUAL RES	DENC	E (HOME) OF D	ECEASE	D		
COUNTY	Carroll		MARYL	AND		TATE Mary						
CITY (If outs	ide corporate limits, write RURA ve necrest town)	AL.	LENGTH O			ITY (it outside	corporal	te limits, write RURAL	end give nee	rest town		
X TOWN	Henryton		7 da			OWAL	ltim	ore			3101	.4
HOSPITAL OR		7.55				TREET		(II rural gi	ve locetion)			
STREET ADDRE		state H	ospital				04 I	aurens St	reet			1
3. NAME OF DECEASE	(First)		(Middle)		(Lest)			4. DATE (Mo	nth)	(Dey)	(Yee	er)
(Type or Print)	Joseph				Bric	khouse			11	17	19	55
5. SEX	6. COLOR OR 7.	SINGLE, MARRI	ED,	8. DATE			9.	AGE lest birthdey	IF UNDER		IF UNDER	
Male		e 11 1	ingle	May	30,	1925		30 yrs.	Months	Days	Hours	Min.
10e. USUAL OCCL	PATION (Give kind of work	10b, KIN	D OF BUSINES			HPLACE (State o	r foreign	country)	12	COUN	N OF WH	AT
retired)	Unknown		INDOSTRI		Ba	ltimore	. Ma	rvland			S.	
13. FATHER'S NA		-			14.	MOTHER'S MA	IDEN NA	ME				
	Unknown				10 23	Anni	e Br	ickhouse				
15. WAS DECEAS	ED EVER IN U. S. ARMED FOR	RCES? 16	. SOCIAL SEC	URITY NO.		17. INFORMAN						
(Yes, no, or unk.)	(II Yes, give wer or detes of	service)				Mamr T	How	rell,R.N.,	Ralto	Ci	tar Ja	11
VIIK			18. MEI	DICAL CE			1101	022,000	Danie		RVAL BETY	
ANTE	MEDIATE CAUSE (A) CEDENT CAUSE(S) DUE 1 NOTIONS, IF ANY, (B) THE ABOVE CAUSE VING CAUSE LAST DUE 1	Meni	ngitis	bilat	eral	pu Lmona	ry t	uberculos	LS			
STATING UNDERL	YING CAUSE LAST. DUE T	Syph	ilis							10.5		
TO THE DEATH	ANT CONDITIONS CONTRIBUTED TO THE NOT RELATED TO THE NOTION CAUSING DEATH.											
19e. DATE OF OP	RATION 195. MAJ	OR FINDINGS	OF OPERATION	1							. AUTOPS	
21- ACCIDENT M	AC LINIDEDI VINC CT 21L	DI ACE (U-			21. W/UE	DE DID INITION C	CCUD 2	(City on Lawrel	16		U NC	
OR CONTRIBUTING	CAUSE OF DEATH OF I	NJURY street,	e, farm, fectory ollice bldg., etc	.)		RE DID INJURY C		(City or town)	(Cour	nty)	(Stete	1)
21d. TIME OF INJU	RY (Month) (Dey) (Yeer)	(Hour) 21e. Whi M, et w		IRRED I while work	21f. HOV	/ DID INJURY C	OCCUR?		医抗	200	133	
22. I hereby	certify that I attende	d the dece	ased from	Novem.	10, 19.	55, to	Nox.		2, that I	last sa	w the de	ceased
alive on	Nov. 17 19 55	, , and	that death	occurred a	3	P.M. from	the cau	uses and on the	date state	d abov	e.	
BIGNATU	RE A.A.	20				-	DDRE	ESS (Street, city, toy	vn, stete)		DATE SE	GNE
Tudoy	s yours /1	m.		M.D.		Henry	ton	State Hosp	pital		11-17	1-55
23. BURIAL, CREA	ATION DATE THER	EOF	NAME OF	CEMETERY OF	R CREMATO	ORY		LOCATION (City, tow	n, or county	1)	(:	Stete)
Remov	_ (/) 77	22-55	Ana	atomy 1	Board	of Md.		Baltimore	. Md.			
24. REC'D BY REC		S SIGNATURE			25. FI	UNERAL DIRECT				ADDRESS		

BUREAU V. S. THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN T 40V 21 1955

TORRESPONDED OF DEATH

Bully More . Mary Link

assistant St. Em Salphe Philipping To St. Com. At 1 - 15th To your

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10666

10662 CERTIFICATE OF DEATH

Reg. Dist. No.....

Total Control of the						
1. PLACE OF DEATH- COUNTY Carroll, MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY Adams			
	corporate limits, write RURA t town) Silver Run		CITY (If outside corpo		AL and give nearest town)	
HOSPITAL OR INSTITUTION OF	R		STREET ADDRESS	(If rural, give lo	ocation)	
3. NAME OF DECEASED (Type or Print)	(First) Melanchthon	(Middle)	(Last) Coover	AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I	onth) (Day) (Year) V. 21, 1955	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Mar. 26.1861 11. BIRTHPLACE (State	9. AGE last birthday	If under 1 year If under 24 hrs. Months Days Hours Min.	
done during most of v	ATION (Give kind of work working life, even if retired) Minister	10b. KIND OF BUSINESS OR INDUSTRY	Cambria Co.	Pehna	12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAM	Œ		14. MOTHER'S MAIDE	NAME		
	Jacob Coover		Mar	garet Teeter		
(Yes, no, or unknown)	VER IN U.S. ARMED FORCES (If yes, give war or dates of service)	16. Social Security No. None	Sona A B. Co	ADDRESS DEL Little	estown Penna.	
1		18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN	
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATH	
Immediat	(a)	hubostatic to	neumonia		8 days	
422 Anteceder Diseases or giving rise t	-4(-)	chron. e my oc.	andial dise			
TA OFFICE STORY	(e)	erterio-	pelilerosis		I I	
Conditions contributed to the dises	ICANT CONDITIONS uting to the death but not use or condition causing deat					
19a. DATE OF OPE	RATION 196. MAJOR P	INDINGS OF OPERATION			20. AUTOPSY?	
21. ACCIDENT SUICIDE	OF	CE (Home, farm, factory, street, office bldg., otc.)	(CITY OR	TOWN) (C	COUNTY) (STATE)	
HOMICIDE TIME (Month) OF		INJURY OCCURRED While at Not While	HOW DID INJURY OF	CCUR?		
22. I hereby cert	ify that I attended the	work At work deceased from Man.	1., 19.5 i, to Not.	21, 1955, that	I last saw the deceased	
alive on	Nov. 21, 1955, an	d that death occurred at (Degree or title)	5.59Pm., from the	causes and on the	date stated above. DATE SIGNED	
Don	- 0 . 0 .	a.m. 3	L'ett lestour	(Pa	Nov. 21, 1955	
23. BURIAL, CREM REMOVAL (Spec Burial	Nov. 25 19	Evergreen	Cemetery	Cettysburt.	Adams Co. Pa. ADDRESS	
DATE REC'D BY REG.	LOCAL REGISTRAR'S	- Mully	24. FUNERAL DIRECTO	OR /	Gettysburg Pa	
	Name and Address of the Owner, where the Parket of the Owner, where the Owner, which is the Owner, where the Owner, where the Owner, where the Owner, where the Owner, which is the Ow		7			

NOV 25 1955

BUREAU V. S.

VS A15C 1-55 10M

INSTRUCTIONS

4 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10667

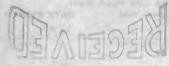
, 10000 CER	TIFICATE	OF DEA	R	eg. Dist. N	10. 74
1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF D	ECEASED	
COUNTY Carroll	MARYLAND	STATE Marylan	ad county	Freder	ick
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY	CITY (If outside corpor OR	ate Ilmits, write RURAL e	nd give nearest	fown)
X TOWN Rural - Sykesville	9 mos. 16 day	s town Brunst	rick	/	0-35-2
HOSPITAL OR STREET ADDRESS Springfield State	Hospital	STREET ADDRESS 912	(If rurel give East D Str	ve location)	V
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Mor	nth) (D	ey) (Yeer)
(Type or Print) Mabel	Naomi C	DRNELIUS	DEATH]	1	30 19 55
5. SEX 6. COLOR OR 7. SINGLE, MAR		F BIRTH S	. AGE last birthday	IF UNDER 1 Y	EAR IF UNDER 24 HRS.
F RACE WIDOWED, (Specify)	ivorced,	16/08	17 yrs.	Months D	eys Hours Min.
10e. USUAL OCCUPATION (Giva kind of work 10b. M		11. BIRTHPLACE (State or foreig	n country)		CITIZEN OF WHAT
	OR INDUSTRY	Maryland			COUNTRY?
3. FATHER'S NAME	11021	14. MOTHER'S MAIDEN N	AME		
William Henry Chaney		Mamie S	ourrier		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT & A			
(Yes, no, or unk.) (If Yes, give wer or dates of service)	77-29-6266	Record, Sp	minefield S	State Ho	spital
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. LI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE SEATURITY NOT BELLET TO THE	tensive cardio	vascular disea	ed with cer	rebral	interval between onset and death days
DISEASE OR CONDITION CAUSING DEATH. ATTEM	osclerosis, wit	h psychotic re	action	4	years
90. DATE OF OPERATION 196. MAJOR FINDING	S OF OPERATION				20. AUTOPSY?
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Monih) (Day) (Yaer) (Hour) 21 W	, olfica bldg., etc.)	1c. WHERE DID INJURY OCCUR		(County)	(State)
22. I hereby certify that I attended the decadive on	d that death occurred at. What M.D. NAME OF CEMETERY OR CONTROL OF COMMETTERY OR	12:40AM, from the control ADDR Syke	euses and on the ESS (Street, city, tow SVILLE, Mar LOCATION (City, tow Fuldure	tyland rn, or county)	

MARYLAND STATE DEPARTABIT OF MEALTHANDED TO

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and the day to the one appropriate	Carona at 1			
Chick hold the control of		DATE STRAIS	To St	
		ALC: UNITED IN		
	Mary N	Complete		
	3721 a 103			
	100 M E	,		

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

this this

hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10664 CERTIFICATE OF DEATH

10668

eg. Dist. No.

1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Carroll MARYLAND	STATE Marryland COUNTY		
CITY (If outside corporete limits, write RURAL LENGTH OF STAY OR end give nearest town) (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR		
X TOWN Sykesville Imonth 2 days	TOUGH	3 Vn 1-11	
HOSPITAL OR	STREET (If rural giva location	on)	
/S STREET ADDRESS Springfield State Hospital	ADDRESS	V	
3. NAME OF (First) (Middle)	North Charles Street (Last) 4. DATE (Month)	(Day) (Yaar)	
DECEASED	OF		
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, B. DATE O	F BIRTH 9. AGE lest birthday IF UN	3 19 55 DER 1 YEAR IF UNDER 24 HRS.	
RACE WIDOWED, DIVORCED.	Month		
Male White (Specify) Widowed 10-11			
done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
retired) Stationer Unk	Maryland	U.S.A.	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
Lewis Grimes Curlett	Mary Allen		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS		
(Yes, no, or unk.) (If Yas, give wer or detes of service)	Hospital records		
18. MEDICAL CER		INTERVAL BETWEEN	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH	
443X IMMEDIATE CAUSE (A) Bilateral Bronchops	neumonia	2 make	
ANTECEDENT CAUSE(S) DUE TO		- 400125	
DISEASES OR CONDITIONS, IF ANY, (B) Hypertensive Cardio	vascular disease	years	
STATING UNDERLYING CAUSE LAST. DUE TO			
(C)	1		
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CBS associated with the DEATH BUT NOT RELATED TO THE		111	
DISEASE OR CONDITION CAUSING DEATH. arteriosclerosis, WT	ith psychotic reaction.	45 Vrs. +	
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES NO	
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, 2	Ic. WHERE DID INJURY OCCUR? (City or town) (C	ounty) (State)	
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)		(2.2.0)	
21d, TIME OF INJURY (Month) (Day) (Year) (Hour) 21e, INJURY OCCURRED 2	RH. HOW DID INJURY OCCUR?		
M. et work et work			
22. I hereby certify that I attended the deceased from	10 55 10 17-3- 10 55 16-	I last saw the deceased	
alive on 11-3 , 19.55 , and that death occurred at			
SIGNATURE	ADDRESS (Street, city, town, stata)	DATE SIGNED	
Identify the			
23. BURIAL, CREMATION, DATE THEREOF 1 NAME OF CEMETERY OF	ringfield State Hosp Sykes	inty) (Stata)	
Busial 11-5-55 Aruid A	like tike the	ml	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	
That 2 1955 1 2/11/11/11	The sole more need B 10	8 71 Matter	
DATE/100, 3, 11-3 CE, MENGLUCE	pullar 4 / Micholo. 10	a co portale	

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CEANISON OF CHILD STATE CARE LAND IN A PROPERTY OF	
Spanish Ben For all than management	Lievael man
TO THE STATE OF TH	
A HTMSS William Tolking	arms Calvact
Control of the second of the s	
The street and describe the Street St	
approximate authorization and approximate authorization authorization and approximate authorization	IN SECTION OF THE SEC
e established for the district of the section of th	
	A CONTRACTOR OF THE PARTY OF
The ball of the state of the st	

24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10665 CERTIFICATE OF DEATH

10669

		1716
leg.	Dist.	No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Carroll MARYLAND	STATE MAI COUNTY
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR end give georest (own) Y TOWN Selfswelle Huns 3 Mer.	OR TOWN STATE STATE OF
HOSPITAL OR	STREET (If surel give location)
15 STREET ADDRESS Springfield tate Bropina	ADDRESS H400 - Flashview are
3. NAME OF DECEASED (First) Lelen Filleman	(Lest) 4. DATE (Month) (Dey) (Yeer) OF DEATH NOV 26 19 53
5. SEX 6. COLOR OR RACE WIDOWED, DIVORCED, (Specify) W. C. O. Specify)	OF BIRTH 9. AGE lest birthdey IF UNDER 1 YEAR IF UNDER 24 HR: Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even it retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. BIRTHPLACE (State or foreign country)
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Solomon Balonkin	Chana !
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give wer or dates of service)	- Hospital Kurde
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
DAT O	Bu al And
491 X IMMEDIATE CAUSE (A) JULIANUAN	moncho preumonia cayo
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
(C)	he more
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING CALLED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	with arterioscleron "
190, DATE OF OPERATION 196, MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21e. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stete)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while et work et work	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from aug 2	2, 1951, to MAN. 26, 1955, that I last saw the deceased
alive on Not 26 , 19 J J , and that death occurred a	18 PM. from the causes and on the date stated above.
SIGNATURE 11 2	ADDRESS (Street, city, lowa, state) ADATE SIGNED
Elles y. Marghler M.D.	Sykewille, md.
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR REMOVAL (SPECIFY)	CREMATORY LOCATION (City, town, or county) (State)
Bureal 11 18-00 Hebrey 1	of council Bullet may
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE /100-21, MSS (FRANK HALLY)	not keer the 2100 blear Hace

HYANG TO SYADINITIES CAN SCOT SE VOV TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

10666 CERTIFICATE OF DEATH

Reg. Dist. No.

I. PLACE OF DEATH		2. OSUAL RESIL	PERCE (HOME) OF DECI	LASED
COUNTICATTOLL	MARYLAND	STATE Mary L	and COUNTY MO	ntgomery
CITY (Il outside corporata limits, write RURAL	LENGTH OF STAY	CITY (If outside co	orporate limits, write RURAL end g	live necrest town)
OR end give neerest town) TOWN Chalco and The	26Y-5M-18D		ma Park, Md.	15-17-2
Y Sykesville HOSPITAL OR	1501-2M-TCD	STREET	III PALTIC MAL	
INSTITUTION OR		ADDRESS	(ii fotoi give io	canony
5 STREET ADDRESS Springfield St.	ate Hospital	13	Allegheny Aven	ue
3. NAME OF (first)	(Middle)	(Lest)	4. DATE (Month)	(Dey) (Yeer)
(Type or Print)		M., 47 am	OF DEATH 11	مومور مو
OOM		indley E OF BIRTH		5 19 55 FUNDER 1 YEAR LIF UNDER 24 HR
RACE WIDO	OWED, DIVORCED,	E OF BIKIN		onths Deys Hours Min.
M W (Space	married 9 -2	20 - 1874	81 yrs.	
10e. USUAL OCCUPATION (Give kind of work	10b. KIND OF BUSINESS	11. BIRTHPLACE (State or	loreign country)	12. CITIZEN OF WHAT
done during most of working life, aven if	OR INDUSTRY	0-43-43		COUNTRY?
ratirad) plasterer	UMR	Scotland		unk
3. FATHER'S NAME		14. MOTHER'S MAID	EN NAME	
John Findlay		Elizabeth	n Gray	
IS. WAS DECEASED EVER IN U. S. ARMED FORCES		17. INFORMANT		
(Yes, no, or unk.) (If Yes, give wer or dates of service)	co)	The man of A - 7	Donomic	
unk		21000	Records	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO	O DEATH	ERTIFICATION		ONSET AND DEATH
4200 IMMEDIATE CAUSE (A)	Myocardial infare	tion		days
ANTECEDENT CAUSE(S) DUE TO				
	Arteriosclerotic	heart disease		years
GIVING RISE TO THE ABOVE CAUSE DUE TO				
(C)				hands of the same
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Involutional Mela	mahalia		26 2000
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	THAOTOTOHUT LETS	THEHOTTS		26 years -
	FINDINGS OF OPERATION			20. AUTOPSY?
				YES NO
216. ACCIDENT WAS UNDERLYING 216. PLA	ACE (Home, farm, factory,	21c. WHERE DID INJURY OC	CCUR? (City or town)	(County) (Stete)
OR CONTRIBUTING CAUSE OF DEATH OF INJUI	RY street, office bldg., etc.)			
21d. TIME OF INJURY (Month) (Day) (Yaar) (Ho	our) 21a. INJURY OCCURRED	211. HOW DID INJURY O	CCUR?	
	M. et work et work			
		00 01	and and an	
22. I hereby certify that I attended to	he deceased from UC. LO. D.C.	r. 2019.54, to No	DY	that I last saw the decease
alive on NOV.5	and that death occurred	a8.20 P.M. from th	e causes and on the date	a stated above.
SIGNATURE	4/		DDRESS (Street, city, town, st	
Educued Lus	Thanks.	Conto	ord 11a 14d	No. 6 30
23. BURIAL CREMATION. DATE THEREOF	I NAME OF CEMETERY		LOCATION (City, lown, or	r county) Nov. 6, 19
REMOVAL (SPECIFY)		CREMATORY		
CREMATION 11/1/5	CEDAR HILL	- CHIMA TORY	PRINCE GEOR	GE Co, MP.
24. REC'D BY REGISTRAR REGISTRAR'S SI	IGNATURE	25 FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS / A
Than 1955 10 4	Large Yelana	Y. Anthun	1111tins 2541	annad OI YIS INC
DATE /10. (.) (~) C. C.	muy (well)	1; conquerts	yullia, XITCO	ound it was vi

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TOURS CERTIFICATE OF DEATH

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the registrar within 72 hours after death. After in by the funeral director, the third copy of

after death.

The bottom copy may be retained by the hospital or attending physician. PHYSICIAN OR HOSPITAL: The

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10667 CERTIFICATE OF DEATH

10671

			Keg.	Dist. No
1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DECI	EASED
COUNTY Carroll	MARYLAND	STATE Marylan		Carroll
CITY (It outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY (in this place)	OR	ate limits, write RURAL end g	
X TOWN Rural, Nr. Westminste	er Life	TOWN Rural	, Nr. Westmin	\times
HOSPITAL OR Uniontown Distr		STREET Uni	ontown "Distii	(califu)
STREET ADDRESS Westminster, Md	. R.D.1	Westm	inster, Md. F	R.D.1
3. NAME OF (First) DECEASED	(Middle)	(Last)	4. DATE (Month)	(Dey) (Yeer)
(Type or Print) Mary	В.	Foglesong	DEATH 11/	/27/55
S. SEX 6. COLOR OR 7. SINGLE, M		OF BIRTH 9		UNDER 1 YEAR IF UNDER 24
	, DIVORCED, S/3/	1878	77 yrs. M	onths Deys Hours
10e. USUAL OCCUPATION (Give kind of work 10b.	KIND OF BUSINESS	11. BIRTHPLACE (State or foreig	in country)	12. CITIZEN OF WHAT
done during most of working life, even if Housewife, Housework Far	or industry mily home.	Carroll County	. Md.	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		1 000000
Francis T. Brown		Lavina	Feeser	
15. WAS DECEASED EYER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT & A		R.D.1
(Yes, no, or unk.) (If Yes, give wer or detes of service)	None	Proposi o F	Forlogona V	Westminster, M
****	18. MEDICAL CI	PTICATION	rogresons,	INTERVAL BETWEE
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA	ATH /)	·A		ONSET AND DEAT
791/ X IMMEDIATE CAUSE (A)	Teneral	waste		
ANTECEDENT CAUSE(S) DUE TO	2 1 1		A 1)	
DISEASES OR CONDITIONS, IF ANY, (B)	Serile of	ulay n	cental	
STATING UNDERLYING CAUSE LAST. DUE TO		7 (
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOR FINDIN	ICS OF ODERATION			20. AUTOPSY?
TYPE. DATE OF OPERATION TYPE, MAJOR FINDING	NGS OF OPERATION			YES NO
210. ACCIDENT WAS UNDERLYING 216. PLACE (Home, ferm, factory,	21c. WHERE DID INJURY OCCUR	? (City or town)	(County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY str. (IF EITHER, NOTIFY MEDICAL EXAMINER)	set, office bldg., etc.)			
	21e. INJURY OCCURRED While Not while	21f. HOW DID INJURY OCCUR	?	
	While at work at work			
22. I hereby certify that I attended the d	eceased from Jila	2 /190) wi to 1	1055	that I last saw the deces
		at 8 A M, from the ca		
SIGNATURE	and marydeam occurred	ADDR	ESS (Street, city, town, st	ete) DATE SIGN
CIN	· Leag M.D.	I Luim	م الما	(12 1 1 1 1 N
23. BURIAL, CREMATION, DATE THEREOF	NAME OF TEMETERY O	R CREMATORY	LOCATION (City, town, of	county) (State
REMOVAL (SPECIFY)	St Marra	omotown		Carroll Co., M
24. REC'D BY REGISTRAR REGISTRAR'S SIGNAT	St. Marys	25. FUNERAL DIRECTOR'S S		ADDRESS
11/24/55	+129.1	I I MI TO	0 11	
DATE 1 19 1 / argan	is 1. walar	MIN MAKE	On Little	estown. Pa.

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BUREAU V. S.

DEC 5 1822

10668 CERTIFICATE OF DEATH

1. PLACE OF DEATH-	-00		2. USUAL RESIDENCE (Yan
(Car	roll	MARYLAND			
OR give rearest to	orate imits write RUR	L and LENGTH OF STAY	OR TOWN	the limits, write RURAL and gi	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	1		STREET ADDRESS	(If rural, give location)	1
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	JAMES	LOBERI	7 RANK IIN	DEATH WOU	11 1955
male	COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH	73 yrs. Months	r. 1 year If under 24 hrs. Days Hours Min.
done during most of work	ring life, even if retired)	10b. Kind of Business or Industry	11. BIRTHPLACE (State	and	2. CIMZEN OF WHAT
18 FATHER'S NAME	Marke	line of	14. MOTHER'S MATTDER	NAME Harver	
(Yes, no, or unknown)	IN U.S. ARMED FORCES f year, give was or dates of services	1 2/8-10-85/8	Cora B. Hem	Elin, Comfee	ef Jud
		18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONI	DITIONS DIRECTLY	LEADING TO DEATH		1 -	ONSET AND DEATH
260 × Immediate c	ause (a)	Cardiac arrest	, Cerebral	Chrom tores,	1 hov. 53
Antecedent of Diseases or congiving rise to the stating the und		arterios clerorios	, destetes	mulitus (mil	17 nd 55
II. OTHER SIGNIFICA Conditions contributing related to the disease	NT CONDITIONS ig to the death but not or condition causing deat	h.			
19a. DATE OF OPERA	TION 19b. MAJOR I	INDINGS OF OPERATION			20. AUTOPSY?
0					Yes No No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN) (COUNTY	(STATE)
	Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OF	CCUR?	
22. I hereby certify	that I attended th	e deceased from 1 hn		19.55, that I last	
alive on/./././SIGNATURE	Howar	d that death occurred at	ADDRESS Sykandle	e causes and on the date s	DATE SIGNED
28. BUBIAL, CREMAT RIMOVAL (Specify	TON DATE 1/1/20/	55 NAME OF CEMETE	en Cew.	LOCATION (City, town, or cour	Ma
DATE REC'D BY LO	CAL REGISTRAR'S	SIGNATURE TO A 1 PA	24, FUNERAL DIRECT	to Cen + Son	ADDRESS
17- 3	2 .0.777.	1 200 00			
			New Win	idsor, Ind	



NOV SS 1955

BUREAU V. S.

10669 CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF	DECEASED
COUNTY Carroll	MARYLAND	STATE Mary		
CITY (If outside corporate limits, write RUR. OR end give neerest town)	AL LENGTH OF STAY	CITY (If outside com	porata fimits, write RURAL	and give neerest town)
X TOWN Sykesville	(in this place) 39yr.10mo.	TOWN BOTH	imore	34014
HOSPITAL OR	1 34AL • TOMO	STREET		iva focation)
INSTITUTION OR		ADDRESS	11 20 8	
Street ADDRESS Springfield	State Hospital		Mille -	
3. NAME OF (First) DECEASED	(Middle)	(Last)	4. DATE (Mo	onth) (Day) (Year)
(Type or Print) BERNARD		FRYNCKO	DEATH -	17_ 7 1955
	SINGLE, MARRIED, 8. DA	TE OF BIRTH	9. AGE lest birthdey	IF UNDER 1 YEAR IF UNDER 24 H
RACE	WIDOWED, DIVORCED,	77 00	10	Months Deys Hours Mi
		-11-92	63 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT
retirad) Laborer	Timbe -	Maryland		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Antone Fryncko		Annie Pre	tre	
15. WAS DECEASED EVER IN U. S. ARMED FO	RCES? 16. SOCIAL SECURITY NO			
(Yes, go, or unk.) (If Yes, give wer or delas of	service)	77 14	7	
NO I			1. records	
I DISEASES OR CONDITIONS DIRECTLY LEADIN		CERTIFICATION		ONSET AND DEATH
1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	77 3 3 3-2	7 - 4 7 7		. 37
002X IMMEDIATE CAUSE (A)		<u>lateral pulmona</u>		sis, Years
ANTECEDENT CAUSE(S) DUE	10		active.	
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE				
STATING UNDERLYING CAUSE LAST.	το			
(C) OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING			
TO THE DEATH BUT NOT RELATED TO THE		- G-+-+ +		
DISEASE OR CONDITION CAUSING DEATH	Dementia Praecox	, Catatonic typ	e	40 yrs. +
19a. DATE OF OPERATION 19b. MA.	JOR FINDINGS OF OPERATION			20. AUTOPSY? YES NO be
21a, ACCIDENT WAS UNDERLYING 21b	. PLACE (Homa, farm, fectory,	21c. WHERE DID INJURY OCC	IIP? (City or town)	(County) (Steta)
	INJURY street, office bldg., etc.)	ATC. WHICKE DID INJURY OCC	out (city of fowil)	(Contrib) (State)
21d. TIME OF INJURY (Month) (Day) (Yaar)		21f. HOW DID INJURY OCC	UR?	
	M. at work at work			
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22. I hereby certify that I attende				
alive on	and that death occurre			
SIGNATURE	1 1/1		DRESS (Street, city, to	
Comment &	USEL DUM.D.	Springfield Sta	te Hosp. Sy	kesville 11-1-5
23. BURIAL, CREMATION, DATE THE	REOF NAME OF CEMETERY	OR CREMATORY	LOCATION (City, toy	vn or county) (Stele
MAGVAL (SPECIFY)	· 4-55 HOLE	1 ITEder MYV	1712	to Ima
24. REC'D BY REGISTRAR I REGISTRAT	R'S SIGNATURE	1 25. FUNERAL DIRECTOR'	S SIGNATURE	ADDRESS
70 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2/	10/2/1/20	11 0011	Mineliterel
24. REC'D BY REGISTRAR REGISTRAR	R'S SIGNATURE	25. FUNERAL DIRECTOR'	S SIGNATURE /	DINST Paul

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MYASG TO STADISTRED DEATH

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24 hours after death.

executed within

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10674

CERTIFICATE OF DEATH 10670

Reg. Dist. No......

Lawrence Mohr (adopted) Stack (S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give wer or delete of service) IDISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 16. MEDICAL CERTIFICATION IDISEASES OR CONDITIONS, IF ANY, (B) Arterioscleration Antecedent Cause (A) Myocardial degeneration Antecedent Cause (A) Myocardial degeneration Antecedent Cause (B) Arterioscleration Antecedent Cause (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING (C) II OTHER SIGNIFICANT CONDITION CONTRIBUTION (C) II OTHER SIGNIFICANT CONTRIBUTION (C) II OTHER SI	1. PLACE OF DEATH		2. USUAL RESID	ENCE (HOME) OF DEC	EASED
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IOWN Sylesytille IY 10M 2ID IOWN Sylesytille IV 10M 2ID IV	CITY (If outside corporate limits, write RURAL		CITY (Il outsida co	rporate limits, write RURAL end	give nearest town)
HOSPITAL OR STREET ADDRESS Springfield State Hospital In Brithlace (State or foreign country) ACCOUNTRY ACCOUNTRY ACCOUNTRY ACCOUNTRY In Brithlace (State or foreign country) ATY land In Brithlace (State or foreign country) In Brithlace (State or fo	X TOWN Spice and 170				
STREET ADDRESS Springfield State Hospital ANAME OF CRASED (Intro) Consequence (Intro) Cons	HOSPITAL OR	mi Told Still	STREET		
Comparison Com		Handhall		O	
DECASED (Type of Print) S. SEX 6. COLOR OR 7. SINGLE MARREID 6. SOLOR OR RACE W 10. USUAL OCCUPATION (Give link of Iwork Company of Print) 10. USUAL OCCUPATION (Give link of Iwork Company of Print) 10. USUAL OCCUPATION (Give link of Iwork Company of Print) 10. USUAL OCCUPATION (Give link of Iwork Company of Print) 10. USUAL OCCUPATION (Give link of Iwork Company of Print) 10. USUAL OCCUPATION (Give link of Iwork Company of Print) 10. USUAL OCCUPATION (Give link of Iwork Company of Iwork Iwork Iwork of Iwork Iw					
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SIGNATURE ADDRESS (Street, city, town, state) DATE SIGNED M.D. Sykesville, S.S. Hospital 11-11-55 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (Stafe)	22. I nereby certify that I attended the dece	eased trom. Tec+TX27	12:10 52	vember Lily 55	that I last saw the deceased
2dui weed Lusthau M.D. Sykesville, S.S. Hospital 11-11-55 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (5) (6)		d that death occurred at			
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (CIty, town, or county) (5)46)	711 1 4 1 1 1 1				tate) DATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (STaTa)			Sykesville,	S.S.Hospital	11-11-55
REMOVAL (SPECIFY)	23. BURIAL, CREMATION, PATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town, o	r county) (Stata)
Burial Nov.14/55 Baltimore Com. Baltimore Md.		Raltimore	Cem	Reltimor	by o
4. RECID BY REGISTRAR REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS		E /	25 FUNERAL DIRECTOR	S SIGNATURE	
DATE Mar. 14. 1955 Codarcu Thew Thelip strutt 2024 Orleans St. 31	DATE Mar. 14. 1955 Cotarry 9.	00.1	A relen to	WWW 2024	Orleans St. 31

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit. ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be The bottom copy may be retained by the hospital or attending physician.

VS A15C 1-55 10M

MTARU TO STADISTRED OF DEATH Dit Indt and attende de de la canada beared mind-of mes they see those mind the nte-us (CC), tau are rimente (CC) en la como la como la como de la THE AREA COMMENTS IN SEC. IN 1885, CALLED MANUEL AS A SEC. AS A PROPERTY OF A PARTY OF THE PARTY CALL THE REAL PROPERTY OF THE PROPERTY OF THE

The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

A15C 1-55 10M

VS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10671 CERTIFICATE OF DEATH

10675

			Reg. D	130. 140		
1. PLACE OF DEATH		2. USUAL RESIDENCE	E (HOME) OF DECEA	SED		
COUNTY Carroll	MARYLAND	LAND STATE Maryland COUNTY				
CITY (If outside corporate limits, write RURAL OR end give neerest town)	(In this plece)	CITY (Il outside corporete limits, write RURAL end give neerest town) OR				
X TOWN Sykesville	6 days	TOWN Baltimore (11) 3 V 0 /- 4				
HOSPITAL OR	STREET	(if rurel give loceli				
15 STREET ADDRESS Springfield State	ADDRESS 2815 Hampden Avenue					
DECEASED	Aiddle)	(Lest)	4. DATE (Month)	(Dey) (Yeer)		
		HAINES		vember 14 1955		
S. SEX 6. COLOR OR 7. SINGLE, MARRIE		OF BIRTH 9.		IDER 1 YEAR IF UNDER 24 HRS.		
Female White (Specify) Sin	gle l-l	13-74	81 yrs. Month			
	OF BUSINESS	11. BIRTHPLACE (State or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?		
retired) Housework		Maryland		U.S.A.		
13. FATHER'S NAME	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME					
Levi Haines Laura Ensor						
	SOCIAL SECURITY NO.	17. INFORMANT & AD	DRESS	·····		
(Yes, no, or unk.) (Il Yes, give wer or detes of service)		Hoenital	records			
	18. MEDICAL CEI		Coordo	INTERVAL BETWEEN		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	him let	Heart dis	10.1	ONSET AND DEATH		
420.0 IMMEDIATE CAUSE (A) Arts	yeurs					
ANTECEDENT CAUSE(S) DUE TO GEN	Yeaho					
ANTECEDENT CAUSE(S) DUE TO SENERAL TREPROSCLEZOSIS DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE						
STATING UNDERLYING CAUSE LAST. DUE TO						
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING P	C Nein In a	erebral arteri				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	s, accept to C	crural arten	orcurum.			
190. DATE OF OPERATION 196. MAJOR FINDINGS C	F OPERATION			20. AUTOPSY?		
				YES NO		
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, OR CONTRIBUTING 21c. CAUSE OF DEATH CIFETHER, NOTIFY MEDICAL EXAMINER)		21c. WHERE DID INJURY OCCUR?	(City or town) (C	County) (State)		
	NJURY OCCURRED	211. HOW DID INJURY OCCUR?				
M. et wor						
22. I hereby certify that I attended the decease	ed from 77-12	19.55 to 11-	71 19 55 the	at I last saw the deceased		
		t11:30AM, from the ca				
SIGNATURE	1 18	ADDRI	ESS (Street, city, town, stete)	DATE SIGNED		
Walther H. Jonney	M.D. ST	ringfield State	Hosp - Sylves	sville 11_11_55		
23. BURIAL, CREMATION, PREMOVAL (SPECIFY)	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town, or co	unty) (Sfete)		
Burial 11/16/55	St. Marvis C	emeterv	Hampden, Mary	rland		
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	al .	25. FUNERAL DIRECTOR'S SI		ADDRESS		
DATE STORE (Same)	Zeas.	wm.y. rek	Banks - 10	12 mayer		

MARYLANDSTATE DEPARTMENT OF MEALTH-DALTHOUR, 10

HTARG ROLLINGE DEATH



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TO ATTENDING

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10672 CERTIFICATE OF DEATH

1. PLACE OF DEATH	Film G190 12/12		SUAL RESIDENCE	(HOME) OF DECEAS	ED
COUNTY Carroll			Maryland		
CITY (If outside corporete limits OR end give nearest town) TOWN Rural - Syke	esville LENG	M, 10 days	New Baltimo	limits, write RURAL end give no	eerest town)
	field State Hosp	y assay / action	DDRESS 1713 By	(If rural give location rd Street	n) = :
3. NAME OF (First DECEASED (Type or Print) Da	,	liam HAI	L	4. DATE (Month)	# (Dey)
5. SEX 6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIYORCED, (Specify) WIOOWE	8. DATE OF BIRTH 11/12/69	9.	AGE lest birthdey IF UNDI Months	ER 1 YEAR IF UNI
10e. USUAL OCCUPATION (Give kin done during most of working life refired) Engineer	d of work 10b, KIND OF BU	d N	PLACE (Stete or foreign of faryland		12. CITIZEN OF COUNTRY?
13. FATHER'S NAME		14.	MOTHER'S MAIDEN NAM		
Jess Hall is, was deceased ever in u. s.	APMED EOPCES? 14 SOCIA	L SECURITY NO.	Elizabeth	DeLauder	
(Yes, no, or unk.) (If Yes, give wer				ringfield Stat	te Hoenit
I DISEASES OR CONDITIONS DIREC	18.	MEDICAL CERTIFICA		Tingitem Doar	INTERVAL B
260% IMMEDIATE CAUSE	(A) Myocardia	l infarct due	to coronary	thrombosis	minu
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF AN GIVING RISE TO THE ABOVE CAU STATING UNDERLYING CAUSE LA	y, (B) Hyperten	sive arteriose	lerotic vas	cular disease	year
II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING Chronic	brain syndrome	associated	with canila	Jear
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING 190. DATE OF OPERATION	TO THE DEATH. Drain di	sease, with ps	ychotic rea	ction	3 year
	21b. PLACE (Home, ferm, TH OF INJURY street, office bldg	fectory, 21c. WHER	E DID INJURY OCCUR? (City or town) (Con	unty) (S
216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING — CAUSE OF DEA IS SITHER NOTIFY MEDICAL EXAMINE	(R) OF INJUNE STEET, OHICE DIG	g., otc.,			
216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. TIME OF INJURY (Month) (DE	R)		DID INJURY OCCUR?		

130 5 Fort auce

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORS, 18
19576
19578 CERTIFICATE OF DEATH

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	and the state of t		WILL SE		ALLEVA	1981 - 1	
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	against the world allows	fringh					
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MARYLAND STATE DEPARTMENT OF HEALTH

10673 CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

		81
leg.	Dist.	No. 0/

		iteg. Dist. I	0
I. PLACE OF DEATH	2. USUAL RESIDENCE (H	IOME) OF DECEASED.	v A
MARYLAND	Mari	Harid.	(ans nev
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (in this place)	OR TANK	te limits, write RURAL and g	ive nearest town)
HOSPITAL OR	TOWN STREET	alling	X
INSTITUTION OR STREET ADDRESS	ADDRESS	(If rural, gly location)	1
3. NAME OF (First) (Middle)	(Last)	4. DATE (Month)	(Day) (Year)
Type or Print) HAYDEN MONROE	HANN	OF Nev.	11, 19 55
6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED, (Specify)	Sept 24-1916	9. AGE last birthday If under Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) with the control of	11 BIRTHPLACE (State of	r foreign country)	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MANDEN	NAME	4:211
Hayden I Hann	Hannah +	Laine	
15. WAS DECEMBED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of 220-0/-2022	MARAGE & H	ann Middlelo	uso mid.
18. MEDICAL CE	RTIFICATION	ener, manusare	11/1/40
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	/		INTERVAL BETWEEN ONSET AND DEATH
802 X Compound Comm	. 7117	cal and	0.74
Immediate cause (a) Compount Comm	mules Haelun	Stall - Jale -	Justous }
Antecedent cause(s)			
Diseases or conditions, if any, (b)		**************************************	+0.00.07.00 (10000-0100-01000-0000-010-01-01-01
stating the underlying cause last			
H. OTHER SIGNIFICANT CONDITIONS			1
Conditions contributing to the death but not			
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?
			Yes No A
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF Office bidg., etc.) CAUSE OF DEATH. INJURY CAUSE OF DEATH.	ms. Theddle	OWN) (COUNTY	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCC	CUR?	
OF INJURY Nov 11 - 1955 25 m. While at work at work	Ortruex by	railroad tra	in
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection of Inquiry, find that said decendant from: natural causes □, accident □, suicide □, homicide □,	ased died on the day stated	, Inquiry 🛛 thereon and d above, and death in my	from the evidence opinion resulted
(SIGNATURE (Degree or title)	ADDRESS		DATE SIGNED
		mules Mil	11/12/51-
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY L	Rederick 60	maty) Mac(Spate)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. WITH 12 1964	24 FUNERAL DIRECTO	R Sugar Hair	CADDRESS Sud

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

correct age

BUREAU V. S.

SSSI GI NON

BECEIVED

INSTRUCTIONS

TO ATTENDING

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Item 9, Film 189 11-16-55 et

0674 CERTIFICATE OF DEATH 10678

			N.e	g. Dist. No	· M
1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DE	CEASED	
COUNTY Carroll	MARYLAND	STATE Marylar	d COUNTY		
CITY (If outside corporate limits, write RURAL OR end give neerest town)	LENGTH OF STAY		ate limits, write RURAL on	nd give nearest town	
	(In this place) Y, 2M, 9 Days	TOWAL OR DAR	re-31	3	VO1-4
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(If rural give	e location)	
15 STREET ADDRESS Springfield State Ho	spital		South Wolfe	Street	V
3. NAME OF (First) (alias Mich	ael Adams)	(Last)	4. DATE (Mont	th) (Dey)	(Yeer)
(Type or Print) JOHN	,	HARDESTY	DEATH]	11 4	19 55
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORC	8. DATE OF	BIRTH 9	. AGE lost birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS
Male White (Specify) Marri	ed? ur	nknown	unknown ym.	Months Deys	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR IND		11. 8IRTHPLACE (State or foreig	n country!	12. CITIZE	N OF WHAT
retired) unknown	nh.	unknown		?	IIKTT
13. FATHER'S NAMPOSSIBLY Wm. Augustine	Adams	14. MOTHER'S MAIDEN N	AME		
Unknown		Unknow	m		
	OCIAL SECURITY NO.	17. INFORMANT & AL	DDRESS		
(Yes, no, or unk.) (If Yes, give war or dates of service)	the safe	Record, Spi	ringfield St	tate Hosp:	ital
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CERT	TIFICATION			RVAL BETWEEN
BUE TO	sclerotic he	eart disease seriosclerotic			rears
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, (B) Hyperte	nsive and ca	ardiovascular	disease		vears
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO					
(C)					
TO THE DEATH BUT NOT RELATED TO THE CONTRIBUTION	ary emphysen	me assoc. With	Comdomal	ambanda.	years
DISEASE OR CONDITION CAUSING DEATH.	vara With nev	chotic reaction	n cereptar s	- 101 m	mown
198. DATE OF OPERATION 196. MAJOR FINDINGS OF	OPERATION 2				NO T
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, fe		c. WHERE DID INJURY OCCUR	(City or town)	(County)	(Stete)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office (IF EITHER, NOTIFY MEDICAL EXAMINER)	bldg., etc.)				
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJ	URY OCCURRED 2	If. HOW DID INJURY OCCUR	?		
M. et work	et work				
22. I hereby certify that I attended the deceased	from 10/26	, 1955, to11/	4 19.55.	, that I last say	w the deceased
	t death occurred at				e.
SIGNATURE		ADDR	ESS (Street, city, town	, stote)	ATE SIGNED
commo sudha	US M.D.	Sykesville 1	Jaryland		11/4/55
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	NAME OF CEMETERY OR C	REMATORY	LOCATION (City, town	, or county)	(State)
	Holy Redeeme		Baltimore,		nd
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		2S. FUNERAL DIRECTOR'S S		ADDRESS	
DATE 1-100.8, 1755 C. Francis	Weer	M.F. SADOWSKI	& SONS, 180	8 EASTERN	AVENUE

C. Harry Weer

HE E CERTIFICATE OF DEATH Las Emello 188 hi alto u'ent DESCRIPTION OF STREET The state of the state of the street of

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

The bottom copy may be retained by the hospital or attending physician.

PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10675 CERTIFICATE OF DEATH

10679

Reg. Dist. No. 80

2. USUAL RESIDENCE (HOME) OF DECEASED

CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN Near New Windsor HOSPITAL OR INSTITUTION OR STREET ADDRESS LENGTH OF STAY (in this plece) Weeks CITY (If outside corporate limits, write RURAL end give nearest to OR TOWN Rural Westminster STREET ADDRESS CITY (If outside corporate limits, write RURAL end give nearest to OR TOWN Rural Westminster ADDRESS CITY (If outside corporate limits, write RURAL end give nearest to OR TOWN Rural Westminster OR TOWN Rural Westminster ADDRESS	town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS NEAR New Windsor 4 weeks Rural Westminster STREET ADDRESS (II rural give location) ADDRESS	
INSTITUTION OR ADDRESS ADDRESS	X
	/
3. NAME OF (First) (Middle) (Lest) 4. DATE (Month) (DO OF	Pey) (Yeer)
(Type or Print) Carrie Belle Heiner DEATH November	7 . 19 55
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE last birthday IF UNDER 1 YE	
Female White (Specify) Widow April 29, 1875 80 yrs. Months Do	Peys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY) 11. BIRTHPLACE (State or foreign country) 12. C	CITIZEN OF WHAT
retired Housework Own home Maryland	U.S.A.
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
T	
William F. Six Mary Catherine Stambaugh 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS	
[Yes, no, or unk.] (If Yes, give wer or dates of service)	
no 220-24-1103 Mrs. George Miller, New Winds	gor Ma
18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
422/IMMEDIATE CAUSE IA) Virlerio Soleros	
	
ANTECEDENT CAUSE(S) DUE TO DUE TO DUE TO	
GIVING RISE TO THE ABOVE CAUSE	
STATING UNDERLYING CAUSE LAST. DUE TO	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
198. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, 21c. WHERE DID INJURY OCCUR? (City or town) (County)	(State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	
(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While Not while at work at work at work 19.55., to 19.55	it saw the deceased
(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While Not while at work at work at work 19.55., to 19.55	it saw the deceased
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURRED While at work 21f. HOW DID INJURY OCCUR? While at work 12 f. HOW DID INJURY OCCUR? 13 f. HOW DID INJURY OCCUR? 15 f. HOW DID INJURY	it saw the deceased
IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED Not while Not while at work 21f. HOW DID INJURY OCCUR? While at work 21f. HOW DID INJURY OCCUR? Not while at work 21f. HOW DID INJURY OCCUR? Not while at work 21f. HOW DID INJURY OCCUR? Not while at work 21f. HOW DID INJURY OCCUR? Not while at work 21f. HOW DID INJURY OCCUR? Not while at work 21f. HOW DID INJURY OCCUR? Not while at work 21f. HOW DID INJURY OCCUR? Not while at work 21f. HOW DID INJURY OCCUR? Not while at work 21f. HOW DID INJURY OCCUR? Not while at work 21f. HOW DID INJURY OCCUR? Not while at work 21f. HOW DID INJURY OCCUR? Not while at work 21f. HOW DID INJURY OCCUR? Not while 21f. HOW DID INJURY OCCUR?	above.
Continue of Injury (Month) (Dey) (Yeer) (Hour) 21e. Injury Occurred 21f. How DID Injury Occur? 22e. I hereby certify that I attended the deceased from (Continue of Month) 21f. How DID Injury Occur? 22f. How	DATE SIGNED (State)
1 1 1 1 1 1 1 1 1 1	DATE SIGNED (State)

MARYLAND STATE DEPARTMENT OF HEALTH-BALTHMORE, 18 TO STATE OF DEATH SEE DAY, No.

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death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10676 CERTIFICATE OF DEATH

10680

" TEACH OF BEATT		Z. OSOAL RESIDEN	CE (HOME) OF D	CEADED	
COUNTY Carroll	MARYLAND	STATE Md.	COUNTY	Carrol	1
CITY (If outside corporate limits, write RURAL OR and give nearest town)	(In this place)	CITY (It outside corpor OR	ata limits, write RURAL a	nd give naarest lown)
X TOWN Sykesville	4/1/55	201161	ninster		2.7
HOSPITAL OR	1 4/1/00	STREET	(If rural give	e focation)	1
INSTITUTION OR STREET ADDRESS Commission of the	od- Toon	ADDRESS			
3. NAME OF (First)			est main		10
DECEASED	(Middle)	(Last)	4. DATE (Mon	th) (Day)	(Year)
(Type or Print) Elmer Wa	rren I	Hesson	DEATH 1	4	1955
5. SEX 6. COLOR OR 7. SINGLE, MA	RRIED, 8. DATE O	F BIRTH 9	. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.
M White (Specify) M	arried 9/1/	1876	79 yrs.	Months Days	Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b.	KIND OF BUSINESS	11. BIRTHPLACE (State or foreig			N OF WHAT
dona during most of working life, evan if	OR INDUSTRY	0	~ -	COUN	
Blacksmith 13. FATHER'S NAME	Blacksmith	Carrolk 14. MOTHER'S MAIDEN N	LO.	U.S	•
is. TATILE S NAME					
John, Hesson		Marga:	ret, Myer	3	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT & A	DDRESS		
(Yes, no, or unk.) (If Yes, give war or dates of service)	Unknown	Records	of S.S.	Hosp.	
	18, MEDICAL CER		0.0.0.	INTE	RVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA					SET AND DEATH
4500 IMMEDIATE CAUSE (A)	Max Broncho-1	neumonia		12	days
ANTECEDENT CAUSE(S) DUE TO				10	yrs.
GIVING RISE TO THE AROVE CALLSE	eneral Artero	osclerosis			J
STATING UNDERLYING CAUSE LAST.					
(C) (T) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	ronic brain s	syndrome Asso	ociated w	ith seni	le
TO THE DEATH BUT NOT RELATED TO THE			brai	n diseas	e 10 yrs
DISEASE OR CONDITION CAUSING DEATH. 190. DATE OF OPERATION 196. MAJOR FINDING	OC OC OPPRIATION				
190. DATE OF OPERATION 196. MAJOR FINDING	35 OF OPERATION			YES), AUTOPSY?
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (H	ome, farm, factory, 2	1c. WHERE DID INJURY OCCUR	(City or town)	(County)	(State)
	et, office bldg., atc.)			(400=,)	
	1e. INJURY OCCURRED 1	II. HOW DID INJURY OCCUR	?		
	Vhile Not while twork at work				
			4 44		
22. I hereby certify that I attended the de					
(alive, on. 11/4/55., 19	nd that death occurred at.	L.Q.:D.D.M from the ca	uses and on the c	late stated abov	
SIGNATURE	H-1.	ADDR	ESS (Street, city, tow	n, state)	DATE SIGNED
mulling sur	la cum M.D.			1	1/4/55
23. BURIAL, CREMATION, PAREMOVAL (SPECIFY)	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town	, or county)	(Slete)
Burial Nov.7.19	55 Krider's		nr Westn	inster.	Md.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATU		25. FUNERAL DIRECTOR'S S		ADDRESS	
DATE MAY 5 1955 P. Har	44 TAS189)	John R. By	ers Wes	tminsto	n WA

ATTENDING PRYSICIAN OR HOSPITAL: The law requires that the death certificate be executed with The bottom copy may be retained by the hospital or attending physician. TO ATTENDING

SX

MARYLAND STATE DEPARTMENT OF BRALTH-BALTHORS, IS HEAD BEET WALKSTONE C. BIVELLE THE REPORT OF THE PARTY OF THE A DVBUDS COST TO ANNUAL SERVICE OF THE SERVIC

Several active of the contraction of the contractio

registrar within 72 hours after death. After this by the funeral director, the third copy of this

the .⊑

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

The bottom copy may be retained by the hospital or attending physician.

1. PLACE OF DEATH

s after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1065 CERTIFICATE OF DEATH

10681

2. USUAL RESIDENCE (HOME) OF DECEASED

COUNTY CARROLL MARYLAND	STATE MD. COUNTY CARROLL
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY (If outside corporete limits, write RURAL end give neerest town) OR
27 TOWN WESTMINSTER 33 YRS.	TOWN WESTMINSTER 27
HOSPITAL OR INSTITUTION OR 1 1 5 1	STREET (Il rural give focation)
OF STREET ADDRESS 45 WEBSTER	15WEBSTER
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Dey) (Year)
(Type or Print) GRACE EDNA 13	LES DEATH 11 - 8 1955
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF	
F W WSpecify OW FEB.	16-1885 70 yrs. Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working fife, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
HOW'S EWIFE	MD: U,S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
NOTITIVOWN	NOTITNOWN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give wer or deles of service)	17. INFORMANT & ADDRESS 45 WEBSTER ST.
NONE	JOHN W. HYDERWESTMITUSTER, M.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
592 X IMMEDIATE CAUSE (A) Myremolile	in Clary)
ANTECEDENT CAUSE(S) DUE TO Hiphilis	(chr)
DISEASES OR CONDITIONS, IF ANY, (B)	
STATING UNDERLYING CAUSE LAST. DUE TO	
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	2D. AUTOPSY?
	YES NO Z
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21b. PLACE (Home, farm, fectory, OF INJURY street, office bidg., etc.)	1c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21a. INJURY OCCURRED While Not while at work et work	211. HOW DID INJURY OCCUR?
7/4/	, 19 40, to Nov 8, 1955, that I last saw the deceased
alive on 7, 19 5 5 , and that death occurred at	5.10 M, from the causes and on the date stated above.
SIGNATURE 2 2	ADDRESS (Street, city, town, slete) DATE SIGNED
M. C. Jesmelle M.D.	Nestmenter MI 11-9-53
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county) (State)
BURIAL 411-10-1955 WESTMINS	STERLEM. WESTMINSTER YD.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE 11-12 St 14 agreet Milles 1	y 13 ampara won Weekminetor ma

HTARS TO STADISTINGATH MON TENTRE

CONTRACTOR DESCRIPTION

NSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10677 CERTIFICATE OF DEATH

10682

Reg. Dist. No. 7#

1. PLACE OF DEATH		2. USUAL RESIDEN	ICE (HOME) OF DECE	ASED
COUNTY CARROLL	MARYLAND	STATE Marylan	ad county W	ashington
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (It outside corpo	rete limits, write RURAL and give	re nearest town)
OR end give neerest town) X TOWN Rural - Sykesville	1 M. 19 day:	OR TOWN Haps	erstown	21.03-2
HOSPITAL OR	I My 1/ day	STREET	(It ruret give loc	
INSTITUTION OR		ADDRESS	O	
Street ADDRESS Springfield St.		618		
3. NAME OF (First) DECEASED	(Middle)	(Lest)	4. DATE (Month)	(Dey) (Yeer)
(Type or Print) LAURA	VIRGINIA	KEMP	DEATH 11	2 1955
5. SEX 6. COLOR OR 7. SINGLE	, MARRIED, 8. DATE C	OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS
Female White (Specif	wed, divorced, Widowed 1/3	29/75	80 yrs. Mor	nths Deys Hours Min.
10e, USUAL OCCUPATION (Give kind of work	10b. KIND OF BUSINESS	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT
done during most of working life, even if	OR INDUSTRY	West Virgin	in	COUNTRY?
retired) Housewife 13. FATHER'S NAME	Horse	14. MOTHER'S MAIDEN		V 031
Charles H. Wolfe	500 W 500 W 500 W 110	17. INFORMANT & A	Bodine	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (if Yes, give wer or detes of service)	16. SOCIAL SECURITY NO.			
Ware I list to the state of the	There you will travel to be read the read of the last	Record, S	pringfield Sta	
1	18. MEDICAL CER	TIFICATION		ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO				
446 X IMMEDIATE CAUSE (A) _	Uremia			weeks
ANTECEDENT CAUSE(S) DUE TO	W			
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	Nephrosclerosis			weeks
STATING UNDERLYING CAUSE LAST. DUE TO	Generalized arte	minealemete		years
(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Chronic hrain syn	drome associate	ed with cereby	
TO THE DEATH BUT NOT RELATED TO THE	arteriosclerosis,	with neveloti	c Peaction	2 years
	NDINGS OF OPERATION	with payonto or	o peacoton	20. AUTOPSY?
19a. DATE OF OPERATION 19b. MAJOR FI	NDINGS OF OPERATION			YES NO
21e. ACCIDENT WAS UNDERLYING [21b. PLACE	CE (Home, ferm, lectory,	21c. WHERE DID INJURY OCCU	R? (City or town)	(County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY (IF EITHER, NOTIFY MEDICAL EXAMINER)	street, office bldg., etc.)			
21d. TIME OF INJURY (Month) (Dey) (Year) (Hou		21f. HOW DID INJURY OCCU	R?	
M	While Not while et work			
		40 EE .	77/2 10 55 .	
22. I hereby certify that I attended the	e deceased from	, 19.33, to	١٠.١٥ ١٧	har I last saw the decease
	, and that death occurred a	O.1,55A.M, from the	causes and on the date	stated above.
SIGNATURE	7/ 12	ADD	RESS (Street, city, lown, ste	DATE SIGNE
Equining Inst	kaun M.D.		ville, Marylan	
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town, or	county) (Stete)
REMOVAL (SPECIFY) 11-4-	35 Test 7/2	aren	Freezestor	mel mel
24. REC'D BY REGISTRAR REGISTRAR'S SIC		25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS
11 2 55 10 11	DAMITILLIAN	169440	Minney	Hanerstown.
DATE // - ~ C. JT	our war	45000 71.1	112101010	1

MARYLAND STATE DEPARTMENT OF MEALTH-BAITIMORE, IS 19577 CERTIFICATE OF DEATH CLASS IN THE TRANSFER minoranceson with one is opposed and the second of the second o a on Bun UASSUS DEMONSTRATE OF THE PERSON NAMED OF THE PARTY OF

after death.

PLACE OF DEATH

10683

10678 CERTIFICATE OF DEATH

Reg. Dist. No....

2. USUAL RESIDENCE (HOME) OF DECEASED

COUNTY Carroll	MARYLAND	STATE Maryla	nd county			
CITY (if outside corporete limits, write RURAL OR and give nearest town)	LENGTH OF STAY (in this piece)	CITY (If outside corpo	rete limits, write RURAL er	nd give neere	st town)	
X rown Rural - Sykesville	4 mos. 29 day		imore		3401	-4
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(If rural giv			1
15 STREET ADDRESS Springfield State			Ellerslie Av	The second secon		V
3. NAME OF (First) DECEASED	(Middle)	Last)	4. DATE (Mon	th)	(Dey)	Yeer)
(Typa or Print) Ella	Mae	KIDWELL		13	2 1	9 55
5. SEX 6. COLOR OR 7. SINGLE, MARRI			9. AGE last birthday	IF UNDER 1		DER 24 HR
RACE WIDOWED, DIV	ORCED,	28, 1887	68 yrs.	Months	Days Hou	rs Min.
	ID OF BUSINESS 11.	BIRTHPLACE (Stelle or fore	gn country)	12.	CITIZEN OF V	TAHV
dona during most of working life, even if retired) Bookbinder	INDUSTRY	Cincinnati,	Ohio		USA	
13. FATHER'S NAME	1.ma-	14. MOTHER'S MAIDEN			UDA	-
IS. PAIREK S NAME		14. MOTHER S MAIDEN	NAME			
John J. Walsh		Mary Cl	ifford			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	. SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS			
(Yes, no, or unk.) (If Yes, give wer or dates of service)	111162	Decemb	Sharana Stall	Ctata	Wooni 4	2
Thille -			Springfield	State	INTERVAL B	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CERT	IFICATION			ONSET AND	
221V Comb	Towns of the same				days	
33/X IMMEDIATE CAUSE (A) Cereb	oral Hemorrhage				uays	
ANTECEDENT CAUSE(S) DUE TO						
DISEASES OR CONDITIONS, IF ANY, (B) Cene	ralized arterio	osclerosis			years	
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO						
(c) Bron	chopneumonia				_3 day	3
TO THE DEATH BUT NOT RELATED TO THE	onic brain synd	irome associa	ted with			
DISEASE OR CONDITION CAUSING DEATH. Cerebra	l arteriosclero	osis, with na	vchosis		l vea	r
19a. DATE OF OPERATION 19b. MAJOR FINDINGS					20. AUTO	
0					YES	NO TO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, of (IF EITHER, NOTIFY MEDICAL EXAMINER)		. WHERE DID INJURY OCCU	R? (City or town)	(County	y) (SI	leta)
	INJURY OCCURRED 21	. HOW DID INJURY OCCU	R?			
While M. at w.						
		-0-1		,		
22. I hereby certify that I attended the decea						deceased
alive on 11/2 , 19 55 , and	that death occurred at.	5.2.35A.M. from the	auses and on the o	late stated	above.	
SIGNATURE		ADD	RESS (Street, city, tow	n, state)		SIGNED
Edward Lust	hann.	Custon and 77	Manual and		11	12/50
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR CE	REMATORY	e Maryland	, or county)	office (in	(State)
REMOVAL (SPECIFY)						
Burial Nov. 5, 1955	I Moly Redeeme	25. FUNERAL DIRECTOR'S	Baltimore	, Mar	yland	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE					DORESS	21
DATE MOV. 2. 1955 G. Harry	1 Weer	Leonard J. R	uck, 5305 Ha	arford	Road #	14

INSTRUCTIONS

45

HTARG TO STADISTITION OF DEATH

1010 July 200 S . SQE e.tac . dama m.tona TOTAL - AND A * Higgorum Late and the accompany alsold an All a recording traces from even period and the service of the service and the service of the servi - Paris A Was de John

a single a company

STATE OF STREET

TO ATTENDING PAYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within INSTRUCTIONS

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Re	eg. Dist	. No./	0	
(HOME) OF D	ECEASE	D		
COLINTY				
limits, write RURAL e	nd give nea	rest town)		
- 0.1	1	75 X	. 3	
ver).	a location)		-	
Fullan	_\$	1		1
4. DATE (MON	th)	(Dey)	(Yee	r)
			19.6	55
AGE lest birthday	IF UNDER	TYEAR	IF UNDER	24 HRS.
87 yrs.	Months	Days	Hours	Min.
ountry)		COUNT	OF WHA	AT
, Marylan	d	U.S.		
IE .				
S. AM	rac.	(
ESS	Hieron.		0	
Riser.	HAN	rover	Pa	/
b		HAIPE	VAL BETW	
.)		1 ?		
carlos De	ne	1		
		2D.	AUTOPS	
		YES		X
City or town)	(Cou	nty)	(State)	

1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DECE	ASED
COUNTY Carriel	MARYLAND	STATE Herren	Peraceicounty	
CITY (If outside corporate limits, write RURAL OR and give neerest town)		CITY (It outside corpor	ete limits, write RURAL end gl	ve nearest town)
X TOWN Marchester	- 31-Day	TOWN Have	over.	75 X
HOSPITAL OR INSTITUTION OF	41-	STREET . ADDRESS 2 //	(If rurel give loc	etion)
3. NAME OF (First)	wary frome	J/6	4. DATE (Month)	(Paul
3. NAME OF (First) DECEASED (Type or Print)	(Middle)	(Lost)	4. DATE (Month) OF DEATH	(Dey)
11414	NGLE, MARRIED, 8. DAT	E OF BIRTH		UNDER 1 YEAR LIF UN
7 RACE W	IDOWED, DIVORCED,	2× 1868		nths Days Ho
10e. USUAL OCCUPATION (Give kind of work	106. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign		12. CITIZEN OF
done during most of working life, even if	OR INDUSTRY	Carroll Coun	ty. Maryland	U.S.A.
13. FATHER'S NAME	1	14. MOTHER'S MAIDEN		1
Henry Aulti	house	Martha	J. ANG	iel.
1S. WAS DECEASED EYER IN U. S. ARMED FORCE (Yes, no, or unk.) (II Yes, give war or detes of se		17. INFORMANT & A	DDRESS	
(1 res, give war of deles of se	14/Ce)	MISS Edn	a Kiser H	ANOVER
I DISEASES OR CONDITIONS DIRECTLY LEADING	TO DEATH	ERTIFICATION		INTERVAL ONSET AN
1122 / IMMEDIATE CAUSE (A)	Chrones 1	neyscardete	ان	?
70-0-1	001.0-	1/11/11	200	
ANTECEDENT CAUSE(S) DUE TO	7 7 1 - 1/ 7			
DISEASES OR CONDITIONS, IF ANY, (B)	Citus - school	ici (inder. Va	seeden See	end.
MINIECEDEMI CMOSE(S)	Cistus - Robert	ici (inder. Va	seeden Her	end
DISEASES OR CONDITIONS, IF ANY, (B) (GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C)		ici (inder - Va	scalus Des	end
DISEASES OR CONDITIONS, IF ANY, (B) (GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	N <u>G</u>	ei (inder - for	scarles See	
DISEASES OR CONDITIONS, IF ANY, (B) (GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		ei (inder - Va	Scarley Dec	2D. AUI YES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. OUT TO (C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 190. DATE OF OPERATION 19b. MAJO 21e. ACCIDENT WAS UNDERLYING 22b.	OR FINDINGS OF OPERATION PLACE (Home, farm, factory,	21c. WHERE DID INJURY OCCUR	? (City or town)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 190. DATE OF OPERATION 190. MAJO 210. ACCIDENT WAS UNDERLYING 21b. (If EITHER, NOTIFY MEDICAL EXAMINER)	PLACE (Home, farm, factory, JURY street, office bidg., etc.)	dt -		YES 🗌
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. I OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 196. DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING 21b. (IF EITHER, NOTIFY MEDICAL EXAMINER)	PLACE (Home, farm, factory, JURY streat, office bldg., etc.) (Hour) 21e. INJURY OCCURRED While Not while			YES 🗌
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. I OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) (PLACE (Home, farm, factory, JURY street, office bidg., etc.) 21e. INJURY OCCURED While at work et work	216. HOW DID INJURY OCCUR	1	YES (County)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 190. DATE OF OPERATION 19b. MAJO 21c. ACCIDENT WAS UNDERLYING 21b. (IF EITHER, NOTIFY MEDICAL EXAMINER) 75	PLACE (Home, farm, factory, JURY street, office bldg., etc.) (Hour) 21e. INJURY OCCURED While at work et work	216. HOW DID INJURY OCCUR	V29, 19 5V,	(County) (
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 21e. ACCIDENT WAS UNDERLYING COF IN. (IF EITHER, NOTHEY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) (1) 22. I horeby certify that I attended	PLACE (Home, farm, factory, JURY street, office bldg., etc.) (Hour) 21e. INJURY OCCURED While at work et work	216. HOW DID INJURY OCCUR	V29, 19 5V,	(County) (that I last saw the stated above.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJO 21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OF IN. 21d. TIME OF INJURY (Month) (Day) (Year) 22. I hereby certify that I attended alive op 1	PLACE (Home, farm, factory, JURY street, office bidg., etc.) (Hour) 21e. INJURY OCCURRED While at work to twork the deceased from Occurred M. and that death occurred M. D.	216. HOW DID INJURY OCCUR 21. 19 J. to Your at land of the care and t	7 29, 19 4 auses and on the date ESS (Street, city, town, ste 20 20 20 20 20 20 20 20 20 2	YES (County) (that I last saw the stated above. The part of the
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 21e. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH 21d. TIME OF INJURY (Month) (Day) (Year) 22d. I hereby certify that I attended alive or 12.29, 19.1.	PLACE (Home, farm, factory, JURY streat, office bldg., etc.) (Hour) 21e. INJURY OCCURED While at work to the deceased from Occurred and that death occurred	216. HOW DID INJURY OCCUR 21. 19 J. to Your at land of the care and t	129, 19 JV, to auses and on the date	YES (County) (that I last saw the stated above. The part of the
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJO 21e. ACCIDENT WAS UNDERLYING 21b. IN CONTRIBUTING 21b. IN CONTRIBUTING	PLACE (Home, farm, factory, JURY streat, office bldg., etc.) (Hour) 21e. INJURY OCCURED While st work the deceased from Octuber and that death occurred M.D. NAME OF CEMETERY 2 1955 Reforme	21f. HOW DID INJURY OCCUR 21f. HOW DID INJURY OCCUR 21f. HOW DID INJURY OCCUR ADDR ADDR CEMELON CEMELON CEMELON	29, 19 July 19 suses and on the date ESS (Street, city, town, ste LOCATION (City, town, or Tarely 1938)	(County) (that I last saw the stated above. (16) DATE (2001ty)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 21e. ACCIDENT WAS UNDERLYING OF IN. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) 22. I horeby certify that I attended alive op 1	PLACE (Home, farm, factory, JURY streat, office bldg., etc.) (Hour) 21e. INJURY OCCURED While st work the deceased from Octuber and that death occurred M.D. NAME OF CEMETERY 2 1955 Reforme	216. HOW DID INJURY OCCUR 21. 19 J. to Your at land of the care and t	29, 19 July 19 suses and on the date ESS (Street, city, town, ste LOCATION (City, town, or Tarely 1938)	YES (County) (that I last saw the stated above. The part of the

DEC I The same of the state of the state of the same of the the barrage

NSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

19689 CERTIFICATE OF DEATH

10685 Reg. Dist. No. 24

1. PLACE OF DEATH	2. USUAL RESIDEN	CE (HOME) OF D	ECEASED		
COUNTY Carroll MARYLAND	STATEMaryland		Carro		
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (It outside corpor	ate limits, write RURAL a	nd giva nearest	town)	
X OR and give neerest town) OR and give neerest town) OR (in this place) OR 21 Y. 20 Days		ester, Mary	hrefr	7	X
HOSPITAL OR	STREET		a location)		1
STREET ADDRESS Springfield State Hospital	ADDRESS			1	
3. NAME OF (First) (Middle)	(Last)	4. DATE (Mon	th) (D	ay) (Year)	
DECEASED	Parce & Branco	OF DEATH -			and .
Oecella M.	(reitzer		lands.	LA 19 5	2_
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O		. AGE lest birthdey	Months D		Min.
Female W (Spacify) single 1/2	29/85	70 yrs.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)		CITIZEN OF WHAT	
done during most of working life, even if OR INDUSTRY retired) none	Maryland			SA	
13. FATHER'S NAME	14. MOTHER'S MAIDEN N	AME	1 01	DA .	
William Kreitzer	Barbara	Follmer			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & A				
(Ver no or unk) (If Yes also was or deles of service)	D	0	04.4		
no no like, give well of celes of service)	necord,	Springfield	State	HOSDITAL	N
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION			ONSET AND DEAT	
584X B. Alapa	oumonia			2/2/30	de.
		. 1			-
ANTECEDENT CAUSE(S) DUE TO DISTANCE ON A	1 Common + C	ystec du	do	111-11	
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	institus uno	1 11.11		There is	Z
STATING UNDERLYING CAUSE LAST. DUE TO COMPANY COLOR	egous with	- surriss	ca	mon	<
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Chronic brain syr	drome associat	ed with			
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. epileptic dete	rioration			years	
19e, DATE OF OPERATION 19b, MAJOR FINDINGS OF OPERATION				20. AUTOPSY?	
				YES AND	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.] (IF EITHER, NOTIFY MEDICAL EXAMINER)	te. WHERE DID INJURY OCCUR	? (City or town)	(County)	(State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While Not while	21f. HOW DID INJURY OCCUR	?			
M. at work at work					
22. I hereby certify that I attended the deceased from 10/25	1955 to 11	/14 19 50	that I las	t saw the decea	ased
alive on 11/14, 19.55, and that death occurred at					
SIGNATURE		ESS (Street, city, tow		DATE SIGN	NED
Walthis It. Sommensual m.o.	Sv	kesville Ma	haefra	77/71	155
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY	LOCATION (City, tow	n, or county)	(Stafe	0)
Bund nov17/53- man	hester	Cause	2 20	ned	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S	IGNATURE O	ADI	RESS	
10 1 10 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1					

MARY CAND STATE DEVARIABLE OF WALTSCHAFF THEORER IS HTASO GERTIFICATE OF DEATH but a first all a will residented almo Franchic Drewnther Spotractions Company Coule dulle descrit! SET STANDARD OF THE PROPERTY OF THE CASE O

Supply every item of information carefully. The correct write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING Physicians: please UNFADING INK. age is especially important. PLEASE WRITE PLAINLY, WITH

VS. A15

Reg. Dis	t. No. O /
I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Carroll MARYLAND STATESUKAND (ACOU	NTX //
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	and give nearest town
X TOWN Gruson Guelge Uplaco TOWN MON Bridge	. X
HOSPITAL OR INSTITUTION OR (If rural give)ocation	n) /
OD STREET ADDRESS Stoner St. Stoner St.	
3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Date of the control of the co	ny) (Year)
(Type or Print) HARRY AUGUSTUS LAMBERT DEATH: NOV.	19 5 5
5. SEX: S. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday: IF UNDER 1	
male white (Specify): Months I	Days Hours Min.
10a. USUAL OCCUPATION. Give kind of 10b. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country): 12.	COUNTRY WHA
farmer retired owner Maryland	43.
13. FATHER'S NAME:	
augustus Familiert Vebbel Stults	
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS; (Yes, no, or unk.) (If Yes, give war or dates of	0 . 1
It is service) in none posessime & famber thum	Bredge He
18. MEDICAL CERTIFICATION	Interval Between
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Onset And Deat
Immediate cause (a)	
Antecedent causes (s)	
Diseases or conditions, If any, giving rise to the above cause (b)	****
stating the underlying cause last. DUE TO	
(c)	
11. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not	
Conditions contributing to the death but not related to the disease or condition causing death.	I AN ATTOREY
Conditions contributing to the death but not	20. AUTOPSY ?
Conditions contributing to the death but not related to the disease or condition causing death. I9a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	Yes No
Conditions contributing to the death but not related to the disease or condition causing death. IPa. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.)	
Conditions contributing to the death but not related to the disease or condition causing death. I9a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURED HOW DID INJURY OCCUR?	Yes No
Conditions contributing to the death but not related to the disease or condition causing death. In DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While	Yes No
Conditions contributing to the death but not related to the disease or condition causing death. In the first of the disease or causing death. In the first of the disease or causing death. In the first of the disease or	Yes No
Conditions contributing to the death but not related to the disease or condition causing death. Ightarrow Igh	Yes No No (STATE)
Conditions contributing to the death but not related to the disease or condition causing death. Ightarrow Igh	t saw the deceased stated above.
Conditions contributing to the death but not related to the disease or condition causing death. Ightarrow Igh	Yes No No (STATE)

BUREAU V. S.

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24 hours after death.

INSTRUCTIONS

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10682 CERTIFICATE OF DEATH

10687

PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF DECEAS	ED
1		m	1	
COUNTY (CITY (If outside corporate limits, write RURAL	LENGTH OF STAY		COUNTY orate limits, write RURAL and give n	serect town)
OR end dive negrest town)	(in this place)	OR	1775	
TOWN Where ale	12 days	TOWN S	allimone	3VO1-4
HOSPITAL OR SPILL Flield INSTITUTION OR STREET ADDRESS	Hometer .	STREET ADDRESS 32	37 E. Da	Otimone S
NAME OF DECEASED (Type or Print) Elizabeth	Schaela L	em fach	4. DATE (Month) OF DEATH [[(Dey) (Year) 26 19 5
SEX 6. COLOR OR 7. STRICE, MANY WIDOWED, II (Specify) 7/	idowed 10	6.6/	9 4 yrs. Months	
done during most of working life, even if retired) Learner C	CIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	> Md-	12. CITIZEN OF WHAT COUNTRY?
FATHER'S NAME John Stell	agfer	Mart Ju	ether B.	anes
WAS DEGRASED EVER IN U. S. ARMED FORCES? es, no, or unk.) (If Yes, give wer or detes of service)	16/80 CIAL SECURITY NO.	17. INFORMANT &	apell Freul	Boltman 6
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEAT		RTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
420 OMMEDIATE CAUSE (A) HE	art faile	ue		
ANTECEDENT CAUSE(S) DUE TO	C'HD.			1
SEASES OR CONDITIONS, IF ANY, VING RISE TO THE ABOVE CAUSE ATING UNDERLYING CAUSE LAST. (C)	energy 7	Literiosele	lous	V
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	C.B.	5.		1
DATE OF OPERATION 196, MAJOR FINDING	S OF OPERATION			20. AUTOPSY? YES NO
	ome, ferm, factory, t, office bldg., etc.)	21c. WHERE DID INJURY OCCU	R? (City or town) (Co	ounty) (State)
W	hile Not while work et work	211. HOW DID INJURY OCCU	R?	
2. I hereby certify that I attended the dec	eased from 11, 29	19.55, 10.11.	26 , 1955, that	I last saw the decease
alive on 1/1, 26 19.55 are signature of South	nd that death occurred a	I.J	causes and on the date states (Street, city, town, stele)	DATE SIGNE
	V	COSHATORY	LOCATION (City, town, or cour	nty) (State)
BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL NOV. 29,193	NAME OF CEMETERY OR		BALTIMO	11

ALERYALIST STATE OF ASTRONO OF MALTIN- BALTIMORE IS

HTASO TO STADRITISATE OF DEATH

HELDER STREET

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BUREAU V. S.

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10683 CERTIFICATE OF DEATH

10688

Reg. Dist. No.....

1. PLACE OF DEATH		2. USUAL F	RESIDENC	E (HOME) OF D	ECEAS	BED	
COUNTY Carroll	MARYLAND	STATE Ma	aryland	COUNTY	Carr	0]]	
CITY (If outside corporate limits, write RURAL	LENGTH OF STA	Y CITY (if ou	utside corporet	e fimits, write RURAL e			
OR end give nearest town) TOWN Sykesville	(in this place)	OR TOWN CL		17.			V
HOSPITAL OR	12y 16m	STREET	ykesvil	(If rural gir	va locatio	201	
INSTITUTION OR STREET ADDRESSSpringfield St	tate Hospital	ADDRESS		(n roral gr	va rocalic	m	
3. NAME OF (First)	(Middle)	(Last)		4. DATE (Mor	nth)	(Day)	(Yaar)
(Type or Print) Mary	May	Linton		DEATH 1	1	3	1955
S. SEX 6. COLOR OR 7. SIN	NGLE, MARRIED, 8. DOWED, DIVORCED,	DATE OF BIRTH	9.	AGE fast birthday		DER ! YEAR	IF UNDER 24 HR
		1-20-1886		68 yrs.	Month	s Deys	Hours Min.
10a, USUAL OCCUPATION (Give kind of work	1 10b. KIND OF BUSINESS	11. BIRTHPLACE (SI	tate or foreign		1	12. CITIZE	N OF WHAT
done during most of working life, even if	OR INDUSTRY					COUN	TRY?
retirad) housewife	Home	Maryla				U.S	.A.
13. FATHER'S NAME	w	14. MOTHER'S					
? W	illiams		3333				
15. WAS DECEASED EVER IN U. S. ARMED FORCE	ES? 16. SOCIAL SECURITY	NO. 17. INFOR	MANT & ADI	DRESS			
(Yes, no, or unk.) (If Yes, give wer or detes of set	rvice)	×2:-1					
/ unk	unk	Hospit	tal Rec	ords		I INITE	RVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING	TO DEATH	AL CERTIFICATION					ET AND DEATH
4-92 XIMMEDIATE CAUSE (A)	Myocardial Dege	eneration				we	eks
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	Pulmonitis (un	known etiolog	r)			-4-	weeks +
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT BELATED TO THE	Anemia unknow	n etinlogr					
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH MAT	ain demonstra	nemapords done		-1			-
19a. DATE OF OPERATION 19b. MAJO	R FINDINGS OF OPERATION	elegated and the college of	e, stotetota –	phase-		20	AUTOPSY?
						YES	NO A
	PLACE (Homa, farm, fectory, JURY street, office bldg., etc.)	21c. WHERE DID INJU	URY OCCUR?	(City or town)	(C	ounly)	(State)
	Hour) 21e. INJURY OCCURRED		JRY OCCUR?				
	M. et work to et work			est.			
22. I hereby certify that I attended	the deceased from Oct. ol	ber12, 19.55	to.Novem	b.3 19.55.	, tha	t I last sav	v the deceased
alive on Nov. 3 rd, 1955)	, and that death occu	rred at. 7:30 PM, fro	om the cau	ses and on the	date st	ated above	в.
SSIGNATURE			ADDRE	SS (Street, city, low	n, state)		ATE SIGNE
Calyrund de	STRANK	% Sylvas	affire	Maryland		7	7 2 55
23. BURIAL, CREMATION, PATE THEREC		TERY -OR - CRUMATORY		LOCATION (City, tow			(State)
BURIAL 11-6-	1955 Free	dom	(Carroll (Jo.,	Mary	yland
24. REC'D BY REGISTRAR REGISTRAR'S	SIGNATURE	25. FUNERAL DI				ADDRESS	
DATE 7100, 5, 1955 60	Harry Well	C. M.	Walt	z, Winf:	ield	l, Ma:	ryland

MARY LAND STATE DEPARTISHED OF HEALTH-BALTIMORE, IS ETASO PO STADISTINO TOP altrones of thomas vestors ---coloide maneur circult with the who are writing to the contract of the contrac CCGS and Land Cold Salt on the cold at the cold of the cold salt of the co ARCHITECTURE TO A PROPERTY OF A PARTY OF A P Carried Carried Control of the Contr C. M. CELTE, WEETLELS, MOTORNIO

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit. 24 hours after death. ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within The bottom copy may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10684 CERTIFICATE OF DEATH

10689

Reg. Dist. No. 76

i. PLACE OF BEATH (Myers	District)	2. OSOAL RESIDEN	CE (HOME) OF D	LOLAGED	
COUNTY Carroll	MARYLAND	STATE Penna	COUNTY	Adams	
CITY (If outside corporata fimits, writa RURAL	LENGTH OF STAY (in this plece)	CITY (if outside corpo	rata limits, write RURAL a	and give neerest town)	
OR end give neerest town) Y TOWN Rural, Union Mills	6 Weeks	TOWN Litt	lestown	75x-3	
HOSPITAL OR (Westminster,	Md. R.D.1)	STREET ADDRESS	(If rurel gi	ve location)	7
	nvalescent Home		King Stree	t	V
3. NAME OF (First)	(Middle)	(Lest)	4. DATE (Mo	nth) (Day) (Year)
(Type or Print) Lillie	M. L:	ittle	DEATH		9
S. SEX 6. COLOR OR 7. SINGLE, RACE WIDOWE	MARRIED, 8. DATE O	F BIRTH	9. AGE lest birthdey		ER 24 HRS.
	Married May 2	, 1878	77 yrs.	Months Days Hou	rs Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if	b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn countrý)	12. CITIZEN OF V	TAHV
. 6	wn home	Adams County	. Pa.	U.S.A.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN			
Melchoir Slinghoff		Rebecca	Bloom		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17 INFORMANT-	ODRESS		
(Yes, no, or unk.) (If Yes, give wer or detes of service)	None	John W. L	ittle, Litt	lestown, Pa.	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO D		TIFICATION	1 1	INTERVAL B ONSET AND	
- 6 0	Lange Mul	of a liter	Ath Au	1110 /11	111
422 JIMMEDIATE CAUSE (A)	Manue 1. g	a la	100	7	
ANTECEDENT CAUSE(S) DUE TO					
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERSTAINED CAUSE LAST DUE TO					1 11
STATING UNDERLYING CAUSE LAST. (C)					
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
	DINGS OF OPERATION		Verilla Prince	20. AUT	-
0					но 🛛
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Home, ferm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCU	R? (City or town)	(County) (S	tate)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour)	While Not while	211. HOW DID INJURY OCCU	₹?		
M.	et work et work	CCI NI	11 10 6	(and	
22. I hereby certify that I attended the	deceased from MALY & C			, that I last saw the	deceased
alive on	, and that death occurred at	5:05 M, from the c	auses and on the	date stated above.	
SIGNATURE	11	D ALLA ADDI	RESS (Street, gity, joy	vn, state) DATE	SIGNED
4.11	MILL M.D.	1 Melester	nila	par 2°	7,1755
23. BURIAL, CREMATION, PREMOVAL (SPECIFY)	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, fow		(Stete)
Burial 12/1/55	Mt. Carmel C	emetery		own, Adams Co.	, Pa.
24. REC'D BY REGISTRAR REGISTRAR'S SIGN.	ATURE	25. FUNERAL DIRECTOR'S	~	ADDRESS	
DATE 12-1-55 74 ou	wit miller	amotopla	Lit	tlestown, Pa	
					-

& Pyon.

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MARYEAND STATE OFFICE OF MEALTH-CALTHOURS IN

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multiplication of the control of the		MULTINES	deal d	
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1/05/11 000	, .5		24.6	
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to the state of th	c.10)			
all of the second				

BUREAU V. S.

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to character agreement of

the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly showldebe detached for use as a burial transit permit.

hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10685 CERTIFICATE OF DEATH

10590 Reg. Dist. No.

1. PLACE OF DEATH 5 y/2 es VIlle	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY CAPPULL MARYLAND	STATE Mid COUNTY Arme Arundel
CITY (If outside corporete limits, write RURAL LENGTH OF STAY	CITY (Il outside corporate limits, write RURAL and give nearest town) OR
X TOWN JYRESVILLE 10 days	TOWN MITIGELLINGE 02X 2
15 INSTITUTION OR Springfield State Hospital	STREET (II rural give location) ADDRESS
3. NAME OF DECEASED (First) (Middle) (None) LO	VERESS 4. DATE (Month) (Day) (Year) VERESS DEATH // 13 19 55
S. SEX 6. COLOR OR RACE WIDOWED, DIVORCED, (Spacily) Marged 8. DATE 12	OF BIRTH 1881 9. AGE last birthdey IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even il Tobiade cof 9 r mer Tenent	11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY? W SA
13. FATHER'S NAME Richard Loveless	14. MOTHER'S MADEN NAME TOO TO Julia A. Wells
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, ne) or unk.) (If Yes, give wer or deles of service)	17. INFORMANT & ADDRESS HOS for the records
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
100 2 IMMEDIATE CAUSE (A) Pulmonar	y luberculosis years
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	erebral arterositensis years
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, lactory, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c, WHERE DID INJURY OCCUR? (City or town) (County) (Stete)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e, INJURY OCCURRED While Not while et work at work	211. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 11/3	19.55, to 11/13, 19.55, that I last saw the deceased
SI SIGNATURE FOL A	at.5
Getrude M. Gron, M.D. S	rugheld State Hospi. Sepresvile, 11/13/2
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OF	R CREMATORY LOCATION (City, Jown, or county) (State)
Burial 11/16/55 Trinity Ce	metery Upper Marlboro, Md.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Pit obio Proce II noon Monitoria Notation
DATE / 190. 17, 1955 / Atarry Weer	Ritchie Bros. Upper Marlboro, Md.

MARYERSON STATE DEPARTMENT OF STATE CHARTERAN MYASO TO BY ASHIDMED WELL TELOV . CLEZING COBLOSS NON THE RESIDENCE OF THE PROPERTY OF T

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correct age is especially important. Physicians: please write the causes of death clearly and legibly

OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

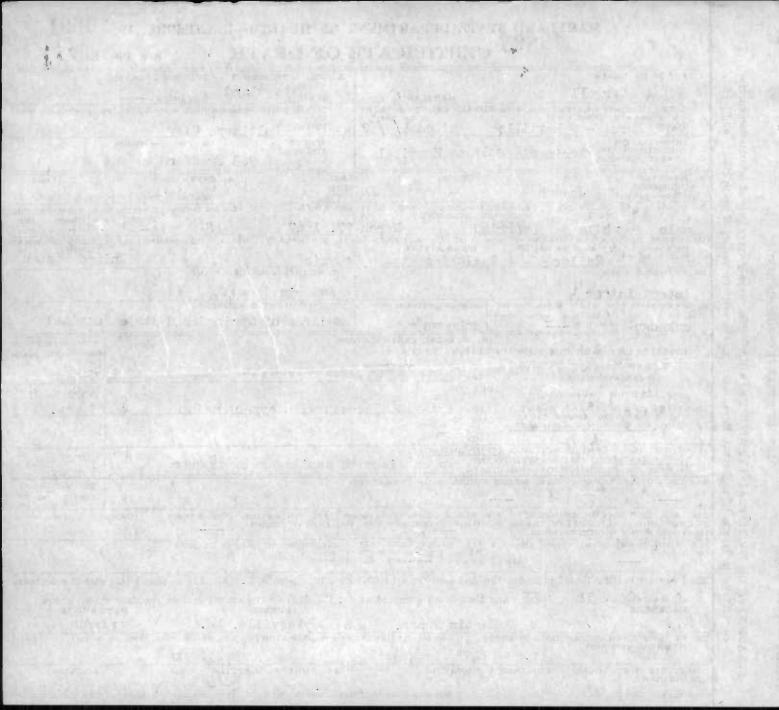
PLEASE TYPE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10691

CERTIFICATE OF DEATH

	Meg. Dist.	110.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	1:
COUNTY Carroll MARYLAN	STATE Maryland COUNTY	
CITY (If outside corporate limits, write RURAL LENGTH	H OF STAY CITY(If outside corporate limits, write RURAL at	nd give nearest town
HOSPITAL OR STREET ADDRESS Springfield State Hosp	STREET (If rural give location)	/
3. NAME OF (First) (Middle) DECEASED: (Type or Print) JOSEPH —	(Last) 4. DATE (Month) (DO) LUTNER OF DEATH: November	Day) (Year) 1st 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, SECURITY 100. USUAL OCCUPATION (Give kind of 108. KIND OF BU	March 27, 1867 88 yrs. - .	Hours Min.
work done during most of working life, even if retired): Tailor Tailoring	Bohemia Uni	COUNTRY? Lted States
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Antony Lutner	Katerin ?	
(Yes, no, or unk.) (If Yes, give war or dates of service) unknown	RECORDS of Springfield State H	Mospital
18. MEDICAL C	ERTIFICATION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DE	EATH	ONSET AND DEATH
447X		
	hopneumonia	5 days
ANTECEDENT CAUSE (S)		more than
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arter	iosclerosis with hypertension	3 yrs.
(C)		
TO THE DEATH BUT NOT RELATED TO THE PSycho	osis with senile brain disease	more than
19a. DATE OF OPERATION: 19a. MAJOR FINDINGS OF (OPERATION	20. AUTOPSY7
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street,	e, farm, factory. office bldg., etc. INJURY OCCUR? (County	y) (State)
	OCCURRED 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	m Nov. 25, 1952, to Oct. 31, 1955, that I last	saw the deceased
	curred at 6:30AM, from the causes and on the date s	
man Jmm, M.D Martin Gros	s, M.D. Sykesville, Md.	/1/55
23. BURIAL, CREMATION, DATE THEREOF NAME (REMOVAL (SPECIFY)	OF CEMETERY OR CREMATORY LOCATION (City, town, or Beltimore Md.	county) (State
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

Fr. Cvach & Son- 900 N. Chester St. 5



A15C 1-55 10M

S

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10687

CERTIFICATE OF DEATH

10692

		1714
Reg.	Dist.	No. 74

I TEACE OF BEATH		A. OSOAL RESIDER	CE (HOME) OF D	ECENDED	
COUNTY Carroll	MARYLAND	stateMaryland	COUNTY	Baltimon	Ci tar
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY	CITY (If outside corpor	ate limits, write RURAL a	nd give neerest town	
OR and give neerst town) X TOWN Sykesville	(In this place) since 1-22-51	TOWN Baltimo	mall. Md	3 V	01 16
HOSPITAL OR	Dince 4-22-34	STREET		ve focation)	07-7
INSTITUTION OR	1 11 11 11	ADDRESS			- 1
A DIN THE TETU DA			atalpha Rd		V
DECEASED	(Middle)	(Last)	4. DATE (Mor	nth) (Day)	(Year)
(Type or Print) Henry	(Mai	sh) Maisch	DEATH 1	1 5	1955
5, SEX 6. COLOR OR 7. SINGLE, RACE WIDOW	MARRIED, 8. DATE OF	BIRTH 9	AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS
M W (Specily)		5 - 1873	82 yrs.	Months Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10	b. KIND OF BUSINESS	II. BIRTHPLACE (State or foreig			EN OF WHAT
dona during most of working life, even if retired) salesman	OR INDUSTRY	41	1 -		NTRY?
13. FATHER'S NAME	paints	1 14. MOTHER'S MAIDEN N	IAME	I U.S.	.A.
Henry ^M aish					
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	Mary Russe			
(Yes, no, or unk.) (If Yas, giva war or dates of service)		IV. INFORMANT & A	DUKESS		
Unk link	unk .	Hospital R	ecords		
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO E	18. MEDICAL CERT	FIFICATION			ERVAL BETWEEN SET AND DEATH
11991	Arteriosclerot	ic cardiovascu	lar disease		y +
IMMEDIATE CAUSE (A)				2	J
ANTECEDENT CAUSE(S) DUE TO					
DISEASES OR CONDITIONS, IF ANY, (B)					
STATING UNDERLYING CAUSE LAST. DUE TO					
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING C	hr. brain syndr.as	s.with disturb	of metaho	iam	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. GTOW					
	DINGS OF OPERATION	CITTO DI OTION	. US VCII . L'EAU		D. AUTOPSY?
					NO I
	(Homa, farm, factory, 21 streat, office bldg., etc.)	c. WHERE DID INJURY OCCUR	? (City or town)	(County)	(Stata)
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour)		If. HOW DID HUJURY OCCUR	7		
M.	While Not while at work et work				
22. I hereby certify that I attended the	deceased from 10-29=	1055 to 77=5	- 1055	that I last sa	w the deceased
alive on 11-1- 1055	and that don't arrow and at	9.02 At from the		, mar r last sa	
alive on 1922	, and that death occurred at.	ADDR	ESS (Street, city, tow	n, state)	C. DATE SIGNED
Zdunned Suith	D di a un			NT F	1000
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR C	CREMATORY	LOCATION (City, town	n, or county)	(Stata)
Burial Nov. 8. 19	955 Woodlawn C	emotom:	Reltimo	no Massal	and
24. REC'D BY REGISTRAR REGISTRAR'S SIGN	ATURE	2S. FUNERAL DIRECTOR'S S	IGNATURE DATE	re, Maryl	3110
DATE MOV. 5 1955 10 34	erry Yilier	Leonard J. F	Ruck, 5305	Harford R	oad #14

CERTIFICATE OF DEATH ffg. The way programme and the second second severa to ungained can obtain from Herest Similar States in the control of the - The state of the and health the first has been selected and the Control of the Cont general Steller D. Manager and Manager

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10693

10688 CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH		2. USUAL RESIDENCE (HO	ME) OF DECEASED	
county Carroll	MARYLAND	STATE Maryland	COUNTY	
CITY (If outside corporeta limits, write RURAL	LENGTH OF STAY	CITY (if outside corporata limits,	write RURAL end give neers	t town)
X TOWN Rural - Sykesville	since 3/29/52	or town Baltimore	City	3401-4
HOSPITAL OR		STREET	(If rural give location)	
15 STREET ADDRESS Springfield State H	ospital		ters town Rd.	
3. NAME OF (First) (M	iddle) (L		PATE (Month) (Dey) (Yeer)
	Grande M		November	r 10 1955
S. SEX 6. COLOR OR 7. SINGLE, MARRIED WIDOWED, DIVO	8. DATE OF BI	4.4		
	ngle unknow	m Abou	55/rs	
	OF BUSINESS 11.	BIRTHPLACE (State or foreign country)	12.	CITIZEN OF WHAT
refired) alectrician		randhaven, Michig	an Un:	ited States
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
unknown		unknown		
	SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS		
(Yes, no, of unk.) (If Yas, giva war or detes of service)	unknown	Records of Spri	nafield State	Hoenital
	18. MEDICAL CERTII		1 - Jan	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				ONSET AND DEATH
491 X IMMEDIATE CAUSE (A) Brond	hopneumonia			L days
ANTECEDENT CAUSE(S) DUE TO General	lized arterios	clerosis		more than
CIVILIC PICE TO THE ABOVE CALLED	TTZCU GI GOI TOO	0.1010010		3 yrs.
STATING UNDERLYING CAUSE LAST DUE TO				
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			probably	more than
TO THE DEATH BUT NOT RELATED TO THE PSycho	sis with cereb	ral arteriosclero	sis	10 yrs.
198. DATE OF OPERATION 196. MAJOR FINDINGS O	FOPERATION			20. AUTOPSY?
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home,	farm, factory, 21c.	WHERE DID INJURY OCCUR? (City o	r town) (County	
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, offi	ica bldg., etc.)			
	NJURY OCCURRED 21f.	HOW DID INJURY OCCUR?		
M. et wor	k at work			
22. I hereby certify that I attended the decease	ed from June 9.	., 19.52 , to Nov . 9	, 1955, that I la	ast saw the deceased
alive on Nov · 9 , 1955 , and t	hat death occurred at7			above.
SIGNATURE		ADDRESS (S	treet, city, town, stete)	DATE SIGNED
	Gross, M.D.		, Maryland	11/10/55
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY OR CRE	EMATORY LOCATI	ON (City, town, or county)	(State)
Burial Nov. 12,1955	New Cathedral	Cemetery Balt	imora, Maryl	end
24. DEC'D BY REGISTRAR REGISTRAR'S SIGNATURE	N	25. FUNERAL DIRECTOR'S SIGNATUR	0 0 11.	DDRESS
DATE 100. 14, 1953 (. Harry)	teen 7	1 - Jickner + Sons	Inc. Baltemor	e mdo
	X	0		/

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MINE E		Horrabition	EX SECURITY OF	Mary Angeles and the State of t
		Carrotte		
	Little Millera Pe		or drive sincrers.	
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THE ARE	3)5(4)		A REST OF STATE OF ST	THE HALL STREET WAS IN

10694

10689 CERTIFICATE OF DEATH

leg. Dist. No. 74

1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DECE	ASED
COUNTY CARROLL	MARYLAND	STATE Marylar	d COUNTY	
CITY (If outside corporete limits, write RURAL	LENGTH OF STAY	CITY (It outside corpore	ete limits, write RURAL and gi	ve nearest town)
OR end give neerest town) TOWN Rural - Sykesville	1 mo. 10 days	TOWN Baltin	ore-13	3401-4
HOSPITAL OR		STREET 2104	East Rederate	Street and/or
15 INSTITUTION OR Springfield State	Hospital	ADDRESS .	Raymonn Avent	
3. NAME OF (First) DECEASED	(Middle)	(Last)	4. DATE (Month)	(Dey) (Yeer)
(Type or Print) George	G.	Meckes	DEATH 11	3 19 55
5. SEX 6. COLOR OR 7. SINGLE, MARI		BIRTH 9		UNDER 1 YEAR IF UNDER 24 HRS.
Male White (Specily) Wic	dowed 11/	12/66	88 yrs. Mo	nths Deys Hours Min.
	ND OF BUSINESS R INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT
retired) Machinist	Million Especial	Germany		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	, 000
George Meckes		Fligsboth	Meckes Brandt	
	6. SOCIAL SECURITY NO.	17. INFORMANT & AL		<u> </u>
(Yes, no, or unk.) (If Yes, give wer or dates of service)	A	5		
	16-09-7964		ringfield Sta	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CER	TIFICATION		INTERVAL BETWEEN ONSET AND DEATH
1/20 1 Mrs	cardial infarct	ion		da
	cardrar rimare	7.011		days
ANTECEDENT CAUSE(S) DUE TO	onary insuffici	ANOTE		days
GIVING RISE TO THE ABOVE CAUSE	Chary Insultica	-ency		uay s
STATING UNDERLYING CAUSE LAST. DUE TO	ertensive arter	mineelemetic on	wai owogoul on	diagone money
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	ronic brain syn ain disease, wi	th neverbatio	ed with seni.	
19e. DATE OF OPERATION 19b. MAJOR FINDINGS		un payenoute i	ERCOTON	20. AUTOPSY?
TO MAJOR THUMAS	OF OFERATION			YES NO
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Hom OR CONTRIBUTING 2 CAUSE OF DEATH OF INJURY street, (IF EITHER, NOTIFY MEDICAL EXAMINER)	ne, farm, fectory, office bldg., etc.)	Ic. WHERE DID INJURY OCCUR	(City or town)	(County) (Stete)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e Wh		II. HOW DID INJURY OCCUR	?	
		בלל זו	12 ""	
22. I hereby certify that I attended the dece				
	d that death occurred at			
SIGNATURE		ADDR	ESS (Straet, city, town, ste	DATE SIGNED
-aurund Leistea	M.D.	Sykesvill	e. Maryland	11/3/55
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR		LOCATION (City, town, or	county) · (State)
REMOVAL (SPECIFY) Burial Nov 5, 195	5 Emmanual		Do7+:	Ma
24. REC'D BY REGISTRAR REGISTRARYS SIGNATURE		25 FUNERAL DIRECTOR'S S	Baltimore	ADDRESS
101/1/1	3/	0 016	1 5011 6	1 0 11
DATE Harry O	Triexi -	MULLITTE JOINES	J311 2011	MUNIAMO CUP L

MARY LEGIC STATE COPACTEMENT OF STATE CONTINUES. TS HTARG TO STADISTER OF DEATH MYLEG SOLUTION OF Plantes & Pull Hard to the reserve and the server MILES TO SEE SEASON Ser Solling James Bentlem Ton The Lord Council of the Council plints die out too and man that more that of the the same of the sa

the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10690 CERTIFICATE OF DEATH

10695

Physical Company of the Company of t		
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASE	D
COUNTY (ALLEY) MARYLAND	STATE CLARGE POLICE COUNTY	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL end give ne	arest fown)
X OR and give nearest town) 5 Y Kestulle 5 Y Lexus	TOWN Balfillere	3 101.1
15 INSTITUTION OR Springfield State Hospital	STREET ADDRESS 3/1/ Brenday doe	V
3. NAME OF DECEASED (Type or Print) HNNFT Meninger	(Last) 4. DATE (Month) OF DEATH WARK,	(Day) (Year) // 19 5-5
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE CO. WIDOWED, DIVORCED, (Spacify) wildowed 10 -2	F BIRTH 9. AGE lest birthday F UNDER Months 75	R 1 YEAR IF UNDER 24 HRS. Hours Min.
done during most of working life, even if retirad) Additablished	Ballimore Ella	2. CITIZEN OF WHAT COUNTRY?
Heury Nemaister	Sarah Kouus	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (II Yes, give war or dates of service)	17. INFORMANT & ADDRESS HOSPITAL MCGRAY	
T DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH LLL 3 X	48 & M. P.S.	ONSET AND DEATH
ANTECEDENT CALISEIS DUE TO	con age	- Marcy
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	cardio taxular disease	yers
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	erchal arterio-scleaxis	Hears Hear fior
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		YES NO
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, larm, lectory, OR CONTRIBUTING 2AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (Cou	nty) (Stele)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21a. INJURY OCCURRED Whila Not while et work	211. HOW DID INJURY OCCUR?	
alive on	44 42 -	DATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF MAME OF CEMETERY OR SEMOVAL (SPECIFY)	CREMATORY LOCATION (City, town, or county	(State)
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25, FUNERAL DIRECTOR'S SIGNATURE	ADDRESS .
DATE MON 11 1955 P JULAN TIVES	Villrich Rumer Home Hz	10 Betwirth

MARYLAND SYATE DEPARTMENT OF HEALTH-MALYLADRE, 18

CERTIFICATE OF DEATH

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executed within

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

19691 CERTIFICATE OF DEATH

10696

	THE RESERVE THE PARTY OF THE PA									1	
1. PLACE OF	DEATH				2. USUAL	RESIDEN	CE (HOME) OF	DECEASE	D		
COUNTY	Carroll		MARYL	AND	STATE N	arylan	nd COUNTY	Mon	gtome:	ry	
	side corporete limits, writ	e RURAL	LENGTH O		CITY (H	oulside corpor	rete limits, write RURAL	end give ne	erest town)		
	ural - Syke	sville		.10 day		Chevy	Chase		15 x	(- 2	
HOSPITAL OF					STREET		(If rurel ;	give location)			
15 STREET ADDRE	ss Springfie	eld State		1		4504	Walsh Stre	et			V
3. NAME OF	(First)	B 2-10 C 91	(Middle)		(Lest)		4. DATE (M	onth)	(Dey)	(Yeer	
(Type or Print)	ALBERT	P .	BROOKHAF	T N	IESS		DEATH	11	2	195.	5
5. SEX	6. COLOR OR RACE	7. SINGLE, MAI	RRIED,	8. DATE OF	BIRTH	1	9. AGE lest birthdey			IF UNDER	
Male	White	(Specify) M	arried	10/4/	/84		71 yrs	Months	Deys	Hours	Min.
	JPATION (Give kind of a		CIND OF BUSINES	iS 1	I. BIRTHPLACE	State or foreig	gn country)	1	2. CITIZEN	OF WHA	T
relired) Dep	uty Commiss	sioner In		levenue 1	Dept.	Per	nsylvania	6434	USA		
13. FATHER'S NA		12	1 33 1 11		14. MOTHER	'S MAIDEN N	NAME	19-15 L			
John	H. Niess				Sa	rah Br	ruckhart				
	ED EVER IN U. S. ARMI		16. SOCIAL SEC	URITY NO.	17, INFO	RMANT & A	DDRESS				
(Yes, no, or unk.)	(If Yes, give wer or de	oles of service)	5- fr	after the same	76	cord.	Springfie]	ld Sta	te Ho	spita	1
I DISEASES OR (CONDITIONS DIRECTLY	LEADING TO DEAT	18. ME	DICAL CERT	IFICATION				INTER	ET AND DE	EEN
				ndambe.							
420.0 IM		(A) MYOC	ardial i	THEATCOL	OII				da	ys	
DISEASES OR CO	ONDITIONS, IF ANY.		rioscler	rotic he	art dise	ase			ve	ars	
GIVING RISE TO	THE AROVE CALISE	UE TO									
			ralized							ars	
TO THE DEATH DISEASE OR CO	ANT CONDITIONS CON BUT NOT RELATED TO T INDITION CAUSING DEA	HE arterio	ronic by	cain synds, with	drome as psychos	sociat sis, Pa	ted with cearkingonism	erebra	1 6 y	ears	
19e. DATE OF OP		. MAJOR FINDING							20.	AUTOPSY	
									YES		X
OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	OF INJURY street	me, farm, factor , office bldg., etc	y, 21e	. WHERE DID IN	JURY OCCUR	? (City or lown)	(Cou	nty)	(State)	
21d. TIME OF INJU	JRY (Month) (Dey)	W		JRRED 21	f. HOW DID IN	JURY OCCUR	17				
00 11	certify that I at				10 EE	. 11.	/2 51	5		.1. 1	
							auses and on the				eased
SIGNATU		, ar	d that death	occurred a	HAMMAIM, I		auses and on the RESS (Street, city, to				BNEC
Ldu.	wid .	Just	hau	4 M.D.			ville, Mar		רך	12/44	
23. BURIAL, CREA		E THEREOF/		CEMETERY OR C	REMATORY	Dykes	LOCATION (City, to		y) 0	(SI	tete)
LO ASAL CO	PECIEY)	15/30	Oak	Hill			Washing	Ten	NO C)	
24. REC'D BY REC		STRAR'S SIGNATUL	RE	1	25. FUNERAL	DIRECTOR'S	SIGNATURE		ADDRESS	V	E N
Thal	12 1CC-C	111/11	1	1.11	1.14	12:	11 /	0 00	· IK	4 1/	1/4

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certificate be

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10692CERTIFICATE OF DEATH

10697

	HTAS				2. USUAL RESIDE	ENCE (HOME) OF D	ECEASE	D		
COUNTY	Carrol	7	MARYL	AND	STATE Md	COUNTY				
CITY (If outside	corporate limits, write RL		LENGTH O	F STAY		porale limits, write RURAL	and give nee	rest town)		
X OR end give	neerest town)		(in this p	lace)	OR TOWN DOTA	durana Oddan			2 11	111
_HOSPITAL OR	Sykesville		1 37	TS	STREET	imore City	ve location)		3 VS	1100
INSTITUTION OR					ADDRESS	fu tutai 8:	ve locellon)			
STREET ADDRESS	Springfiel	d State I	Hospita	al	3920	E. Pratt St				
3. NAME OF DECEASED	(First)	(/	Middle)		(Last)	4. DATE (Mo	nth)	(Dey)	(reer)
(Type or Print)	Carmine		-		Notte or NIT		lov.	13	1	955
S. SEX 6.	COLOR OR 7.	SINGLE, MARRIEI	D,	8. DATE	OF BIRTH	9. AGE lest birthday	IF UNDER			ER 24 HR
20	RACE	(Specify) JUF	ORCED,	41.5-152	BER 6 1884	71 vrs.	Months	Deys	Hou	s Min.
M I	TION (Give kind of work	IVI	OF BUSINES	also 1	11. BIRTHPLACE (Stelle or fo			CITITE	1.05.1	(1) A T
done during mas	at of working life, even i	f OR I	INDUSTRY	2	II. BIKIMPLACE (Stelle of 10	reign country)	12	COUNT		BAI
retired)	Labor P.R.	DRIE	Company or a Date		Italy			ali	len	V
3. FATHER'S NAME					14. MOTHER'S MAIDER	NAME				
37.77	COLA: NOTTE	an and			ANIMA: ADO	ADA				
	EVER IN U. S. ARMED F		SOCIAL SEC	URITY NO.	ANNA ARC	ADDRESS				
(Yes, no, or unk.)	(If Yes, give wer or detes	of service)				0.0.	7101	. 91	7	
no		71	7-07-6			of Springfie	Ld St			
I DISEASES OR COM	NDITIONS DIRECTLY LEAF	DING TO DEATH	18. ME	DICAL CEI	RTIFICATION					TWEEN
110										
Car car a			onary o	occlusi	on			mir	nite	S
ANTECE	DENT CAUSE(S) DUE	10				cont discours				
ANTECE DISEASES OR COND GIVING RISE TO TH	DENT CAUSE(S) DUE DITIONS, IF ANY, (IE ABOVE CAUSE	B) Dec			on terioscler. h	eart disease	more			s yrs
ANTECE DISEASES OR COND GIVING RISE TO TH	DENT CAUSE(S) DUE OFFICIAL SERVICE DUE OF	е то в) <u>Dec</u>	ompensa	ated ar	terioscler. h	eart disease		than	15	yrs
ANTECE DISEASES OR COND GIVING RISE TO TH STATING UNDERLYIN	DENT CAUSE(S) DUE OFFICIAL SERVICE DUE OF	E TO B) Deci TO C) Gene	ompensa	ated ar		eart disease	more			
ANTECE DISEASES OR COND GIVING RISE TO TH STATING UNDERLYIN IT OTHER SIGNIFICAN TO THE DEATH BUT	DENT CAUSE(S) DITIONS, IF ANY, IE ABOVE CAUSE IG CAUSE LAST. UT ONT CONDITIONS CONTRIT I NOT RELATED TO THE	E TO B) Deci TO C) General General Company	ompensa eraliza	ated ar	terioscler. h	eart disease	II	than	11	yrs 11
ANTECE DISEASES OR COND GIVING RISE TO TH STATING UNDERLYIN TO THER SIGNIFICAN TO THE DEATH BUT DISEASE OR COND	DENT CAUSE(S) DITIONS, IF ANY, (E ABOVE CAUSE DUE (C CAUSE LAST.) NT CONDITIONS CONTRIL T NOT RELATED TO THE DITION CAUSING DEATH.	E TO B) Deci TO C) General BUTING Sen:	ompensa eraliza	ated are	terioscler. h	eart disease		than	11 3	yrs II
ANTECE DISEASES OR COND GIVING RISE TO TH STATING UNDERLYIN TO OTHER SIGNIFICAN TO THE DEATH BUT DISEASE OR COND	DENT CAUSE(S) DITIONS, IF ANY, (E ABOVE CAUSE DUE (C CAUSE LAST.) NT CONDITIONS CONTRIL T NOT RELATED TO THE DITION CAUSING DEATH.	E TO B) Deci TO C) General General Company	ompensa eraliza	ated are	terioscler. h	eart disease	II	than	11 3 AUTO	yrs II Vrs
ANTECE DISEASES OR COND GIVING RISE TO TH STATING UNDERLYIN II OTHER SIGNIFICAN TO THE DEATH BUI DISEASE OR COND 19e. DATE OF OPERA 21e. ACCIDENT WAS OR CONTRIBUTING	DENT CAUSE(S) DITIONS, IF ANY, IE ABOVE CAUSE UNITED TO THE DITION CAUSING DEATH. ATION 19b. M S UNDERLYING 2 CAUSE DO DEATH 0	E TO B) Deci TO C) General BUTING Sen:	ompensa	ated ared arte	terioscler. h		II	than	11 3 AUTO	yrs II
ANTECE DISEASES OR COND GIVING RISE TO TH STATING UNDERLYIN LI OTHER SIGNIFICAN TO THE DEATH BUT DISEASE OR COND 196. DATE OF OPERA 216. ACCIDENT WAS OR CONTRIBUTING — (IF EITHER, NOTIFY ME	DENT CAUSE(S) DITIONS, IF ANY, IE ABOVE CAUSE OF CAUSE LAST. ONT CONDITIONS CONTRIL ONT CONTRIL ONT CAUSING DEATH ONT CAUSE OF DEATH ONT CAUSING DEAT	E TO B) Deci TO C) Gene Buting Sen AJOR FINDINGS C Tb. PLACE (Home, pf INJURY street, of	ompensa eraliza ile br: of OPERATION farm, fector	ated ared arte	terioscler. h eriosclerosis ease 21c. WHERE DID INJURY OCC	UR? (City or town)	14	than	11 3 AUTO	yrs II Vrs PSY1 NO [
ANTECE DISEASES OR COND GIVING RISE TO TH STATING UNDERLYIN II OTHER SIGNIFICAN TO THE DEATH BUT DISEASE OR COND 19e. DATE OF OPERA 21e. ACCIDENT WAS OR CONTIBUTING (IF EITHER, NOTIFY ME	DENT CAUSE(S) DITIONS, IF ANY, IE ABOVE CAUSE OF CAUSE LAST. ONT CONDITIONS CONTRIL ONT CONTRIL ONT CAUSING DEATH ONT CAUSE OF DEATH ONT CAUSING DEAT	B) Deci	ompensation of operation operation of operation operation of operation o	ated arte	terioscler. h riosclerosis ease	UR? (City or town)	14	than	11 3 AUTO	yrs II Vrs PSY1 NO [
DISEASES OR COND GIVING RISE TO TH STATING UNDERLYIN II OTHER SIGNIFICAN TO THE DEATH BUT	DENT CAUSE(S) DITIONS, IF ANY, IE ABOVE CAUSE OF CAUSE LAST. ONT CONDITIONS CONTRIL ONT CONTRIL ONT CAUSING DEATH ONT CAUSE OF DEATH ONT CAUSING DEAT	E TO B) Deci TO C) Gene BUTING Sen: IAJOR FINDINGS C 1b. PLACE (Home, of INJURY street, of or) (Hour) 21e.	ompensation of operation operation of operation operation of operation o	ated area ain dis	terioscler. h eriosclerosis ease 21c. WHERE DID INJURY OCC	UR? (City or town)	14	than	11 3 AUTO	yrs II Vrs Psy:
ANTECE DISEASES OR COND GIVING RISE TO TH STATING UNDERLYIN TO THE DEATH BUIL DISEASE OR COND 19e. DATE OF OPERA 21e. ACCIDENT WAS OR CONTRIBUTING [] (IF EITHER, NOTIFY ME 21d. TIME OF INJURY	DENT CAUSE(S) DITIONS, IF ANY, IE ABOVE CAUSE USE OF CAUSE LAST. IT CONDITIONS CONTRIL IT NOT RELATED TO THE DITION CAUSING DEATH. IT UNDERLYING 196. M UNDERLYING 12 CAUSE OF DEATH DICAL EXAMINER (Month) (Dey) (Yee CETTIFY that 1 atten	E TO B) Deci TO C) Gene BUTING Sen IAJOR FINDINGS C 1b. PLACE (Home, of INJURY street, of While et word ded the decease	ompensation of operation operation of operation operati	ated arte	terioscler. h eriosclerosis ease 21c. WHERE DID INJURY OCC 21f. HOW DID INJURY OCC	UR? (City or town) UR? V	(Cour	than	3 . AUTC	yrs II Vrs PSY? NO (()) ele)
ANTECE DISEASES OR COND GIVING RISE TO TH STATING UNDERLYIN TO THE DEATH BUT DISEASE OR COND 19e. DATE OF OPERA 21e. ACCIDENT WAS OR CONTRIBUTING [] (IF EITHER, NOTIFY ME 21d. TIME OF INJURY	DENT CAUSE(S) DITIONS, IF ANY, IE ABOVE CAUSE USE OF CAUSE LAST. IT CONDITIONS CONTRIL IT NOT RELATED TO THE DITION CAUSING DEATH. IT UNDERLYING 196. M UNDERLYING 12 CAUSE OF DEATH DICAL EXAMINER (Month) (Dey) (Yee CETTIFY that 1 atten	E TO B) Deci TO C) Gene BUTING Sen IAJOR FINDINGS C 1b. PLACE (Home, of INJURY street, of While et word ded the decease	ompensation of operation operation of operation operati	ated arte	terioscler. h eriosclerosis ease 21c. WHERE DID INJURY OCC 21f. HOW DID INJURY OCC	UR? (City or town) UR? V	(Cour	than	3 . AUTC	yrs II Vrs PSY? NO (()) ele)
ANTECE DISEASES OR COND GIVING RISE TO TH STATING UNDERLYIN TO THE DEATH BUIL DISEASE OR COND 190. DATE OF OPERA 210. ACCIDENT WAS OR CONTRIBUTING [If EITHER, NOTIFY ME 21d. TIME OF INJURY 22. I hereby considered	DENT CAUSE(S) DITIONS, IF ANY, IE ABOVE CAUSE USE OF CAUSE LAST. IT CONDITIONS CONTRIL T NOT RELATED TO THE DITION CAUSING DEATH. IT UNDERLYING 2 CAUSE OF DEATH CONTRIL CAUSE OF DEATH CONT	E TO B) Deci TO C) Gene BUTING Sen AJOR FINDINGS C 1b. PLACE (Home, of INJURY street, of While et word ded the deceases 55, and	ompensation of the bridge of the bridge of the bidge of t	ated arte	eteriosclere harioscleresis eease 21c. WHERE DID INJURY OCC 21f. HOW	UR? (City or town) UR? V	(Cour	than	3. AUTC	yrs II Vrs Psy? NO () Idecease
ANTECE DISEASES OR COND GIVING RISE TO TH STATING UNDERLYIN TO THE DEATH BUT DISEASE OR COND 19e. DATE OF OPERA 21e. ACCIDENT WAS OR CONTRIBUTING [] (IF EITHER, NOTIFY ME 21d. TIME OF INJURY 22. I hereby c alive onNo	DENT CAUSE(S) DITIONS, IF ANY, IE ABOVE CAUSE USE OF CAUSE LAST. IT CONDITIONS CONTRIL IT NOT RELATED TO THE DITION CAUSING DEATH. IT UNDERLYING 196. M UNDERLYING 12 CAUSE OF DEATH DICAL EXAMINER (Month) (Dey) (Yee CETTIFY that 1 atten	E TO B) Deci TO C) Gene BUTING Sen AJOR FINDINGS C 1b. PLACE (Home, of INJURY street, of While et word ded the deceases 55, and	ompensation of operation operation of operation operati	ated arted a	eterioscler. h eriosclerosis eease 21c. WHERE DID INJURY OCC 21f. HOW DID INJURY OCC, 1952, 10No 16.:50AM, from the	UR? (City or town) UR? Causes and on the DRESS (Street, city, town)	(Cour	than	3 AUTO	yrs II Vrs PSY? NO (()) ele)
ANTECE DISEASES OR COND GIVING RISE TO TH STATING UNDERLYIN II OTHER SIGNIFICAN TO THE DEATH BUT DISEASE OR COND 19e. DATE OF OPERA 21e. ACCIDENT WAS OR CONTRIBUTING [] (IF EITHER, NOTIEY ME 21d. TIME OF INJURY 22. I hereby consideration. No SIGNATURE	DENT CAUSE(S) DITIONS, IF ANY, IE ABOVE CAUSE UNIT CONDITIONS CONTRI IT CONDITIONS CONTRI IT NOT RELATED TO THE INITION CAUSING DEATH. ATTOM 19b. M G UNDERLYING 2 CAUSE OF DEATH DICAL EXAMINER (Month) (Dey) (Yee Eartify that I aften DIX. 12	E TO B) Decide to the place (Home, of INJURY street, of While M. et word ded the decease \$55, and the place of the	ompensation of operation operation of operation operati	ated artering displayed and artering displayed arte	eterioscler. h eriosclerosis eease 21c. WHERE DID INJURY OCC 21f. HOW DID INJU	UR? (City or town) UR? Causes and on the DRESS (Street, city, tow	(Cour	than 11 20 YES Only)	3 AUTO	yrs 11 Vrs PSY? NO () elecease signe 195
ANTECE DISEASES OR COND GIVING RISE TO TH STATING UNDERLYIN II OTHER SIGNIFICAN TO THE DEATH BUT DISEASE OR COND 190. DATE OF OPERA 210. ACCIDENT WAS OR CONTRIBUTING IN (IF EITHER, NOTIFY ME 21d. TIME OF INJURY 22. I hereby consideration. No SIGNATURE	DENT CAUSE(S) DUE DENT CAUSE(S) DITIONS, IF ANY, IE ABOVE CAUSE DUE OF CAUSE LAST. ON T CONDITIONS CONTRIL ON T RELATED TO THE DITION CAUSING DEATH. OTHER CONTRIL OF CAUSE OF DEATH DICAL EXAMINER (Month) (Dey) (Yee DESTRICT OF CONTRIL ON 19	Decided to the street of the s	ompensation of operation operation of operation operation of operation	RRED NOV 15	terioscler. h eriosclerosis ease 21c. WHERE DID INJURY OCC 21f. HOW D	UR? (City or town) UR? Causes and on the DRESS (Street, city, town) LOCATION (City, town)	(County), that I date state vn, stete)	than 11 20 YES Only)	3 AUTO	yrs II Vrs PSY? NO [] ele)
ANTECE DISEASES OR COND GIVING RISE TO TH STATING UNDERLYIN TO THE DEATH BUIL DISEASE OR COND 19e. DATE OF OPERA 21e. ACCIDENT WAS OR CONTRIBUTING [] (IF EITHER, NOTIFY ME 21d. TIME OF INJURY 22. I hereby c alive onNo SIGNATURE 23. BURIAL, CREMAT	DENT CAUSE(S) DUE DENT CAUSE(S) DITIONS, IF ANY, IE ABOVE CAUSE DUE GO CAUSE LAST. INT CONDITIONS CONTRI IT NOT RELATED TO THE DITION CAUSING DEATH CAUSE OF DEATH DICAL EXAMINER (Month) (Dey) (Yee CERTIFY that I atten D.V. 12, 19 FARTIN GO TION, DATE TH	Decided to the street of the s	ompensation of operation operation of operation operation of operation	RRED NOV 15	eterioscler. h eriosclerosis eease 21c. WHERE DID INJURY OCC 21f. HOW DID INJU	UR? (City or town) UR? V	(Cour	than 11 20 YES Only)	3 AUTO	yrs II Vrs PSY? NO (C) electors leccease

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TOTAL OF DEATH

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the registrar within 72 hours after death. After this in by the funeral director, the third copy of this 4 hours after death. ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within The bottom copy may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit. MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10693 CERTIFICATE OF DEATH

Reg. Dist. No. 8

10698

	1. PLACE OF BEATH	AL RESIDENCE (HOME) OF DECEASED
	COUNTY A WOL MARYLAND STAT	E M COUNTY CANNOL
1	CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY	(Il outside corporete limits, write RURAL end give neerest town)
9	OR end give represt town) TOWN OR TOWN OR TOWN OR TOWN OR TOWN	N Konna
ı	HOSPITAL OR STREET	
9	INSTITUTION OR STREET ADDRESS	.55
9	3. NAME OF A (First) (Middle) (Lost)	4. DATE (Month) (Dey) (Yeer)
9	(Type or Print) WILBUR HINEA OF	TO DEATH // 2/ 19 55
	S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH WIDOWED, DIVORCED,	9. AGE lest birthdey IF UNDER 1 YEAR IF UNDER 24 HRS.
ı	MALE White (Specily) Marriad (ICE 15-	-1877 78 yrs. Months Deys Hours Min.
8	done during most of working life, even il OR INDUSTRY.	CE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY?
ı	retired R. R. C. ant W.M. R. R. Co	Arm/Co MD ILS.
1	13. FATHER'S NAME	THER'S MAIDEN NAME
	THOMAS (T, Utto	Atherine HINEZ
3	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (II Yes, give wer or detes of service)	INFORMANT & ADDRESS
9	No 1/05-10-4717	MARRIAN OTTO
-	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
8	1120 a IMMEDIATE CAUSE (A) Arteriostierotic He	ort Disease 24rs
	ANTECEDENT CALISEIS DUE TO	
3	GIVING DISE TO THE ABOVE CALISE	hiosclerosis dyn.
ı	STATING UNDERLYING CAUSE LAST, DUE TO	
3	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTIONS	Cleresis With Convolsors 1 year
١	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Fractored Skull	it Mes.
H	19., DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO M
ı	21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, Jerm, Jectory, 21c. WHERE D	ID INJURY OCCUR? (City or town) (County) (State)
1	21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, Jerm, Jectory, OR CONTRIBUTING CAUSE OF DEATH (FETHER, NOTIFY MEDICAL EXAMINER)	eumar Carrell Md.
ı		D INJURY OCCUR?
	2017. 16, 1954 1/AM. et work 1 et work 1 1-e	11 trom ladder
	22. I hereby certify that I attended the deceased from 11/27 , 1951	to 11/21 , 19.55 , that I last saw the deceased
	alive on 11,21,55, 19 and that death occurred at 51,09	
5	SIGNATURE / MC1/2	ADDRESS (Street, city, town, stete) DATE SIGNED
00-	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY	LOCATION (City, jown, or county) (State)
200	REMOVAL (SPECIFY)	Mary Resentate Mis
?	2 24. REC'D PO REGISTRAR REGISTRAR'S SIGNATURE 125 FUNE	RAL DIRECTOR'S SIGNATURE ADDRESS
	DATE WON 23 1953 Postio & Rolato Pari	1 William Il 11 " D. of M.

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MISSECERTIFICATE OF DEATH

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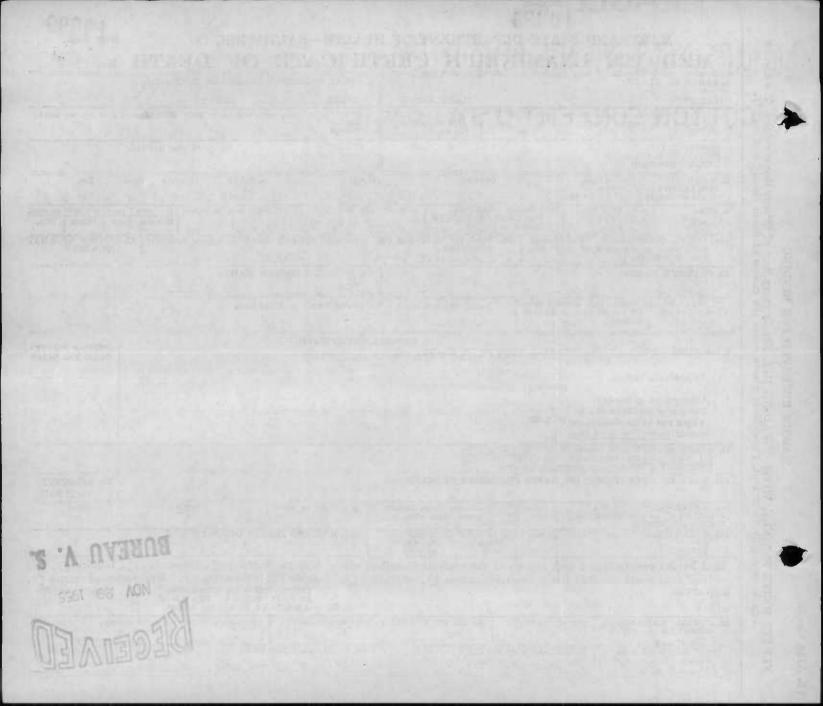
10694 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No. 24

		110
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Parall MARYLAND	STATE MIL COUNTY CAM	all
CITY (If outside corporate limits, write RURAL OR and give nearest town) (in this place)	OR OR O O O O O	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If give location)	1
3. NAME OF (First) (Middle) DECEASED: (Type or Print) MALLS (Middle)	Parker 4. DATE (Month) (Day DEATH / Joy), Z.	(Year) 5 19 5 5
RACE: WIDOWED, DIVORCED, (Specify): Microsoft / 1/2	ATE OF BIRTH: 9. AGE last birthday: IF UNDER I Y Months Da	ys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired);	S OR 11. BIRTHPLACE (State or foreign country): 12.	COUNTRY?
IS. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Lindrew Dorsen	Morganna Havor	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	.: 17. INFORMANT & ADDRESS:	Le M >
10 360	DICAL CERTIFICATION	ressure, "
Immediate cause ODE TO Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last		·year -
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION	N:	20. AUTOPSY? Yes No
21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 21b. PLACE (Home, farm, fac OF street, office bldg., INJURY	etc.,	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not whi work at work	le	
22. I hereby certify that I took charge of the remains des find that death resulted from: Natural causes X, A SIGNATURE		
REMOVAL (Specify): 11-28-55 Bus	ETERY OR GREMATORY LOCATION (City, town, or co	ound me
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 27 1955 C HANG WHEN	24. FUNERAL DIRECTOR.	ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53



TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit. ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

VS A15C 1-55 10M

NSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10695 CERTIFICATE OF DEATH

10700 Reg. Dist. No. 74

17 PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DE	CEASED
COUNTY Carroll	MARYLAND	STATE Maryland COUNTY	B
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (If outside corporeta fimits, writa RURAL an	d giva nearast town)
OR and give neerest town) X TOWN Rural - Sykesville	7 Mos. 2 days	TOWN Baltimore	3V01.4
HOSPITAL OR		STREET (If rural give	location)
15 STREET ADDRESS Springfield State	e Hospital	ADDRESS 1705 Carswell St	reet
3. NAME OF (First)	(Mid dle)	(Lest) 4. DATE (Mont	h) (Dey) (Yeer)
(Type or Print) JOHN	FRANCIS	PARKS BEATH 11	-7 19 2 2
S. SEX 6. COLOR OR 7. SINGLE, MA	RRIED, B. DATE O		IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White (Specify)	plygreed 2/24	/69 86 yrs.	Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b.	KIND OF BUSINESS	11. BIRTHPLACE (State or foraign country)	1 12. CITIZEN OF WHAT
done during most of working life, even if	OR INDUSTRY		COUNTRY?
refired) contractor's work	nnk-	MaryLand	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
John Parks		Sadie B. Parks	
IS. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
(Yes, no, or unk.) (If Yes, give wer or detes of service)	215-18-3045	Record, Springfield S	State Hospital
	18. MEDICAL CER		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEAT	TH		ONSET AND DEATH
420.0 IMMEDIATE CAUSE (A) MYOC	ardial infarction	on	days
ANTECEDENT CAUSE(S) DUE TO			
DISEASES OR CONDITIONS, IF ANY, (B) ATTE	eriosclerotic h	eart disease	years
GIVING RISE TO THE ABOVE CAUSE DUE TO			
(c) Gene:	ralized arterio	sclerosis	years
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING Character to the DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Drain	conic Brain Syne	drome associated with seni	le 2 years
DISEASE OR CONDITION CAUSING DEATH, brain	disease with ps	ychosis: fracture right fe	mur 7 weeks
19a. DATE OF OPERATION 19b. MAJOR FINDING	S OF OPERATION		20. AUTOPSY?
			YES NO
	ome, farm, factory, 2 ot, office bldg., atc.)	tic. WHERE DID INJURY OCCUR? (City or town)	(County) (Steta)
(IF EITHER, NOTIFY MEDICAL EXAMINER) hospita		Sykesville	Carroll Marylar
	Tie. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?	
	t work at work	Patient slid from chair	
22. I hereby certify that I attended the de		, 19.55 , to 11/28 , 19.55	
alive on 11/28 , 19 55 , a	nd that death occurred at	12 NOADfrom the causes and on the di	ate stated above.
SIGNATURE 00	1.001	ADDRESS (Street, city, town	, stata) DATE SIGNED
Malher disoppor	angelling.	Sykesville, Mary	
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR	GREMATORY LOCATION (City, Jown,	or county) (State)
Buriel 12-1-55	Tarkevo	and Bullian	ou, ml.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATU	JRE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE MOV. 29, 1955 Orata	ery releas	Wood Cool Sec. 12/74	Hauth. Ball

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TO ATTENDING

10696 CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH		2. USUAL RESIDENCE	E (HOME) OF DE	CEASED	
COUNTY Carroll	MARYLAND	STATE Marylan	d COUNTY		
CITY (If outside corporete limits, write RURAL OR end give neerest town)	(in this place)	CtTY (It outside corporat	a limits, write RURAL ar	d give nearest town	a)
X TOWN Rural - Sykesville		D TOWN Baltim	ore		34014
HOSPITAL OR	ica 1, c m, v	STREET	(If rural give		1
STREET ADDRESS Springfield State	Hasnital	ADDRESS 2707 Gr	indon Avenu	10	./
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Mont		(Yaar)
(Type or Print)			OF		-
5. SEX 6. COLOR OR 7. SINGLE, MARR	NED. 8. DATE C	Poist	AGE last birthday	IF UNDER 1 YEAR	19 55
RACE WIDOWED, DI	VORCED.		AGE last birriday	Months Days	Hours Min.
Male White (Specify) W:			87 yrs.		
	ND OF BUSINESS	11. BIRTHPLACE (State or foreign	country)	12. CITIZ	CEN OF WHAT
relired) Collector 7/	mk.	Maryland		USA	
13. FATHER'S NAME	7.010	14. MOTHER'S MAIDEN NA	ME		
Joseph Poist		Anna Bec	ker Taylor		
	6. SOCIAL SECURITY NO.	17. INFORMANT & AD			
(Yas, no, or unk.) (If Yes, give wer or deles of service) unknown	41mh	~~~			
	18. MEDICAL CER	TIFICATION			ERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Mable margo	hala's		10	ISET AND DEATH
446 X IMMEDIATE CAUSE (A)	Nephroscle	1000			lars
ANTECEDENT CAUSE(S) DUE TO				/	
DISEASES OR CONDITIONS, IF ANY, (B)					
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Mand	a denmacetwa	perchasis wire	1 terms		0
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	re debiessine	balchosts, wither	r cy be	0	0 years
19e. DATE OF OPERATION 19b. MAJOR FINDINGS	OF OPERATION			2	O. AUTOPSY?
of the same of the					NO 🗌
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Hom OR CONTRIBUTING CAUSE OF DEATH OF INJURY straet, (IF EITHER, NOTIFY MEDICAL EXAMINER)		1c. WHERE DID INJURY OCCUR?	(City or town)	(County)	(State)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e	INJURY OCCURRED	21f. HOW DID INJURY OCCUR?			
	rork et work				
22. I hereby certify that I attended the dece	ased from 9/29	19.55 to 11/	9 19 55	. that I last sa	w the deceased
alive on 11/9 , 19.55 , and	I that death occurred at	10:05AM, from the cau	ses and on the d	ate stated above	ve
SIGNATURE	. D. D. D.	ADDRE	SS (Street, city, town	, state)	DATE SIGNED
Walker of Jourens	MAh M.D.	Sykesy	lle, Mary	and	17/9/55
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR	GREMATORY	LOCATION (City, town	or county)	(State)
REMOVAL (SPECIFY)	Bouden	Mark	Ballin	iou,	ms.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S, SIG	SNATURE	ADDRES	5 0 1
DATE 7407) 9, 1955 P. 4/11/1	tu TIIII	Hondell "	Fruk . 5	305 12	arfact to
THE CONTROL	7 1000	The standing of the			117

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1.0702 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Carroll MARYLAND	STATE Maryland COUNTY Montgome	~~V
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Sylvesyille LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and OR TOWN Cedar Grove	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital	STREET (1f rural, give location) ADDRESS	V
3. NAME OF (First) (Middle) DECEASED: (Type or Print) WILLIS ALBERT	(Last) 4. DATE (Month) (Day) OF DEATH 77- 71	(Year) I9 CC
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED,	5-21-82 9. AGE last birthdsy: IF UNDER 1 YE	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Handyman		CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Fillmore Poole	Maggie	
	17. INFORMANT & ADDRESS:	
No service) Unk -	Hospital records	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause (a) Bilateral Broncho DUE TO Antecedent cause(s) Diseases or conditions, if any, (b) Pulmonary infarct giving rise to the above cause DUE TO stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH DEATH OF THE ATTER TO THE	pneumonia , right lower lobe	INTERVAL BETWEEN ONSET AND DEATH 3 days
DISEASE OR CONDITION CAUSING DEATH. Senile Ps	ychosis, simple deterioration.	5 yrs. +
198, DATE OF OPERATION: 198, MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes ☑ No ☐
21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ OF street office bldg., etc., CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 1e. INJURY ☐ OCCURRED OF While at Not while INJURY ☐ 3 55 M. work ☐ at work ☑	21c. (City or town) (County) Sykesyille Carroll 21f. HOW DID INJURY OCCUR? Patient fell. Fractured right	(State) Meryland
22. I hereby certify that I took charge of the remains described find that death resulted from: Natural causes [], Accident signature [],	lent [], Suicide [], Homicide [], Undetern CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	mined cause DATE SIGNED 11-15-55

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The age is especially important. Physicians: please write the causes of death clearly and legibly. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

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BUREAU V. S.

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the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

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VS A15C 1-55 10M 23

INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10703

1. PLACE OF DEATH			NCE (HOME) OF DECE	LASED	
COUNTY Carroll	MARYLAND	STATE Maryl		Carrol:	1
CITY (II outside corporate limits, write RURAL OR end give neerest town) TOWN Gamber	(in this plece)	OR	orete limits, write RURAL end g	ive nearest fown)	×
HOSPITAL OR INSTITUTION OR	R 1	STREET	(If rurel give loon nksburg R	cetion)	1
	Middle)	(Lest)	4. DATE (Month)	(Dey)	(Yeer)
DECEASED		aver	DEATH NOV		1955
5. SEX 6. COLOR OR 7. SINGLE, MARRIE WIDOWED, DIVING (Specify) Mar	ORCED, Oct	te of Birth 2, 1885		UNDER 1 YEAR	Hours Min.
dona during most of working life, even if OR	of Business Industry In Home	11. BIRTHPLACE (Stete or fore Carroll Cou		12. CITIZE COUN	
3. FATHER'S NAME		14. MOTHER'S MAIDEN			
Francis B. Ying	ling	Anna E	. Harry		
		CERTIFICATION	77		RVAL BETWEEN
GIVING RISE TO THE ABOVE CAUSE DUE TO (C)	romas	y Thron	Mosie		RVAL BELVEEN ET AND DEATH
ANTECEDENT CAUSE (A) ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE UNDERLYING CAUSE LAST. (C)	ronas	y Thron	Mosie		
ANTECEDENT CAUSE (A) ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) LI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	ronas	y Thron	Mosie	ONS	AUTOPSY?
ANTECEDENT CAUSE(S) ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 199. DATE OF OPERATION 19b. MAJOR FINDINGS OF CONTRIBUTING OF INJURY street, of CONTRIBUTING TO CAUSE OF DEATH 21b. ACCIDENT WAS UNDERLYING 21b. PLACE (Home OR CONTRIBUTING TO CAUSE OF DEATH	OF OPERATION , farm, fectory,	21c. WHERE DID INJURY OCCU	R? (City or town)	ONS 200	AUTOPSY?
ANTECEDENT CAUSE (A) ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. LET OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 199. DATE OF OPERATION 19b. MAJOR FINDINGS OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CAUSE OF PEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OF OPERATION farm, fectory, ffice bldg., etc.) INJURY OCCURRED Not while	y Thron		ONS 20 YES	D. AUTOPSY?
ANTECEDENT CAUSE (A) ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 190. DATE OF OPERATION 19b. MAJOR FINDINGS OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21a. ACCIDENT WAS UNDERLYING OF INJURY street, of (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (DSY) (Yeer) (Hour) 21e. While	OF OPERATION Injury Occurred Not while at work seed from M.D. NAME OF CEMETERY	21c. WHERE DID INJURY OCCU		(County) that I last say stated above eta)	AUTOPSY? NO (State) w the dece

MARY MANY STATE DEPARTMENT OF HEALTH-BARTIMORE, 18

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BUREAU V. S.

INSTRUCTIONS

The bottom copy may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10699 CERTIFICATE OF DEATH

10704

5732 Ma. and m. m.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY CARROLL MARYLAND	STATE Maryland COUNTY Montgomery
CITY (If outside corporete limits, write RURAL OR end give neerest town) TOWN Rural - Svkesville LENGTH OF STAY (In this plece) IY 6M 13 D	CITY (It outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda 15X-2
HOSPITAL OR	STREET (Il rurel give location)
15 STREET ADDRESS Springfield State Hospital	ADDRESS 107 Wooten Avenue
3. NAME OF (First) (Middle) DECEASED	(Lest) 4. DATE (Month) (Dey) (Year)
(Type or Print) WILLIAM LUCIEN	RAWLINGS DEATH 11 21 19 55
RACE WIDOWED, DIVORCED.	16/05 9. AGE lest birthday IF UNDER 1 YEAR Wonths Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Helper; Taxi driver	11. BIRTHPLACE (State or foreign country) Washington, D. C. 12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William F. Rawlings	Anne Y. Flanagan
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give wer or detes of service)	Record, Springfield State Hospital
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Bilateral suppu (C)	nary artery thrombosis rative pneumonia, type undetermined 2 weeks
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING Chronic brain s TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING PEATH. brain disease, wit	yndrome associated with presentle 6 years?
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO NO
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, Ierm, Iectory, OR CONTRIBUTING CAUSE OF DEATH FIRINGRY states, office bidg., etc.) HOSDICAL EXAMINER) HOSDICAL EXAMINER HOSDICA	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) Sykesville Carroll Md. 21f. How DID INJURY OCCUR? Pt. fell to floor in toilet
22. I hereby certify that I attended the deceased from	1 at .11:30.PM, from the causes and on the date stated above. ADDRESS (Street, city, town, stete) DATE SIGNED Sykesville, Maryland LOCATION (City, town, or county) (Stete)
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE DATE //- 22-55 C. Harry Tiller	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

HTARG TO STADIFICATE OF DEATH

CTY TO DIE : CONTAINED NOTE TO THE Territorial south Windshield of Manney HERE REPORTED THE RESERVE OF THE PROPERTY OF THE PARTY OF CONTRACTOR OF THE PARTY OF THE BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 10700

10705

2. USUAL RESIDENCE (HOME) OF DECEASED

1. PLACE OF DEATH	Avenue a superior de la company de la compan	2. USUAL RESIDE	NCE (HOME) OF D	ECEASED	
COUNTY Carroll	MARYLAND	STATE Maryla	and county	Carrol	7
CITY (II outside corporate limits, write RURAL	LENGTH OF STAY		orata limits, write RURAL a	nd give naerest tow	n)
OR and give neerest town) Your Sykesville	Limonth 5da	vs or Town Westmi	naton		4
HOSPITAL OR	Thionon Sua	STREET		ra location)	
INSTITUTION OR		ADDRESS			
	State Hospital		D. #4		
3. NAME OF (first) DECEASED	(Middla)	(Lest)	4. DATE (Mor	ith) (Day)	(Year)
(Type or Print) ARTHUR	CARROLL	REESE	DEATH 7	1 6	19 55
5. SEX 6. COLOR OR 7. SING	GLE, MARRIED, B. DA	TE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	power, pivorced, scify) Married 3	-3-97	58 yrs.	Months Days	Hours Min.
10e, USUAL OCCUPATION (Give kind of work	106. KIND OF BUSINESS	11. BIRTHPLACE (State or fore	ign country)	12. CITI	ZEN OF WHAT
done during most of working life, even if	OR INDUSTRY	Marvland			INTRY?
retired) Salesman 13. FATHER'S NAME	your-	1 14. MOTHER'S MAIDEN	NAME	0	Uana .
Arthur Peter Reese		Mary Amar			
15. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes, no, or unk.) (If Yes, give wer or detes of serv	deal		ADDRESS		
NO	214-01-0401	Hospital	records		
I DISEASES OR CONDITIONS DIRECTLY LEADING		CERTIFICATION			TERVAL BETWEEN
A A A A A					
IMMEDIATE CAUSE (A)	Suppurative Nep	nm tis			days
ANTECEDENT CAUSE(S) DUE TO		Time have her at any			
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE		Ureters by stone	25		3 days +
STATING UNDERLYING CAUSE LAST. DUE TO	Carcinoma		,		
(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	0	h matastases to			yrs.
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Chronic brain swith new growth,	yndrome associat	ted reaction.		months +
	FINDINGS OF OPERATION				20. AUTOPSY?
7				YE	S NO
216. ACCIDENT WAS UNDERLYING 216. PL OR CONTRIBUTING CAUSE OF DEATH OF INJU-	LACE (Home, farm, factory, URY street, office bidg., etc.)	21c, WHERE DID INJURY OCCU	JR? (City or town)	(County)	(Stete)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (H	lour) 21e. INJURY OCCURRED While Not while	21f. HOW DID INJURY OCCU	JR?		
	M. et work at work				
22. I hereby certify that I attended	the deceased from 7-7	19.55 to 7	1-6 19.55	that I last s	aw the deceased
	, and that death occurred				
SIGNATURE	, and man deam occurred		RESS (Street, city, tow		DATE SIGNED
Walther H. John	nufulds M.O.	Springfield Stat	te Hospital	- Sykesy	11e 11/6
23. BURIAL, CREMATION, DATE THEREO	F NAME OF CEMETERY	OR CREMATORY	LOCATION (City, town	n, or county)	(State)
Burial 11-9-	55 Lustinal	Amilony.	Wistmi	notes	md.
24. REC'D BY REGISTRAR REGISTRAR'S	SIGNATURE	25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRES	SS
may 8 1955 10 4	Looker Tileral	ABankar.	12 11/17	in total	no 1
DATE 1400.8, 1935 6.00	and there	1 Wall Tale	, will	(Alexin)	11261

NATION CERTIFICATE OF DEATH

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The second				S T verify veri
			THE PARTY OF THE P	
	ATAG			AND THE PARTY OF T
Min 10 mm to AF 11				
				Service William
		72 SETTY O	Control of the Contro	
		925	AREA AND AREA OF THE LAND	
			d a membership	
* .	and Masse			
	- I - I - TERMS MARKING			
W A CITATION	LOW THE PERSON NAMED IN			

the be filed with the registrar within 72 hours after death. After this outposely filled in by the funeral director, the third copy of this executed within 24 ATTENDING PATSICIAN OR HOSPITAL: The law requires that the death certificate be The bottom copy may be retained by the hospital or attending physician.

NSTRUCTIONS

certificate has been executed by the attending physician and composely filled death certificate assembly should be detached for use as a burial transit permit.

TO FUNERAL DIRECTOR: The law requires that the death certifical

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11805

10701 CERTIFICATE OF DEATH

Reg. Dist. No...

	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
	/00	STATE Maislerulcounty Canall
	COUNTY CANAL MARYLAND CITY (If putside corporete limits, write RURAL LENGTH OF STAY	CITY (Ill outside corporete limits, write RURAL end give naerest town)
	CITY (If outside corporete limits, write RURAL LENGTH OF STAY OR mo give nearest town) (in this place)	OR
	Y TOWNST O XI A . T I	TOWN Time Wheel X
	HOSPITAL OR	STREET (Il rurel give location)
-7	INSTITUTION OR 2 44 / 17 1 2	ADDRESS)
	OF STREET ADDRESS Types / Dechlysoull feel	Tepper Deellysvelle Ite
	3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Dey) (Year)
	(Type or Print)	PILO DEATH DING 1 30 01-17
	cauca como	1000 30 193 B
	5. SEX 6. COLOR OR 7. SINGLE, MARRISO, 8. DATE OF	
	Male (Specify Man)	12/2 1860 12 yrs. Months Days Hours Min.
	10e. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS	11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT
	done during most of working life, even if OR INDUSTRY	COUNTRY)
	retired) - tale and all and	May Engle 41.56
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	10 0 10 10 10	12. CAD 2-11
	Vaniel Wille	Mary Ellew Jeps
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMATY & ADDRESS
	(Yés, no, or unk.) (If Yes, give wer or detes of service)	1 20 7 da a Pilli W. 1.1. 12.1
	7 10	Trus. I fage till, Haupaum me
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN
		6.1 1 1- 11.
	420. / IMMEDIATE CAUSE (A) _ (alonery	achereny Cente. Duster
	ANTECEDENT CAUSE(S) DUE TO	~ 111
	DISEASES OR CONDITIONS, IF ANY, (B)	Heart Cestad !
	GIVING RISE TO THE ABOVE CAUSE	
	STATING UNDERLYING CAUSE LAST. DUE TO	Dantes and To
3	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	my care con
	TO THE DEATH BUT NOT RELATED TO THE	
	DISEASE OR CONDITION CAUSING DEATH.	
	196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES NO
	21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, farm, lactory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY streat, office bidg., etc.),	1c. WHERE DID INJURY OCCUR? (City or town) (County) (Stele)
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY streat, office bidg., etc.), (IF EITHER, NOTIFY MEDICAL EXAMINER)	A Principal Control of the Control o
		211. HOW DID INJURY OCCUR?
	While No Not while	
	M. et work at york	
	22. Thereby certify that I attended the deceased from Dely 20	19 J to NOV 30 , 19 J , that I last saw the deceased
	alive on MT/ Z.5 19 5 J and that death occurred at.	
~	SIGNATURE	ADDRESS (Street, city, town, state) DATE SIGNED
10M	School 1 (12 11)	
22	M.D.	Lampslund Med Nov 30, 1955
-		CREMATORY LOCATION (City, town, or county) (State)
150	REMOVAL (SPECTY)	ted and los mil
4/	minus 12	the knowledge of the
>	24 REC'D BY REGISTRAR REGISTRANS SIGNATURE	28-FUNERAL DIRECTOR'S SIGNATURE ADDRESS
	DATE / NT HELLY A CEY!	todal celiplon Hambelend MA

MARYLAND STATE DEPARTMENT OF HEALTH-MALTEMORE, IS

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INTARCERY INCATE OF DEATH

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registrar within 72 hours after death. by the funeral director, the third con

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

A15C 1-55 10M

hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10706

10702 CERTIFICATE OF DEATH

	Reg. Dist. No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY CANTOLL MARYLAND	STATE MOVYLAND COUNTY
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR end give nearest town) (in this plece)	CITY (If outside corporate limits, write RURAL and give nearest town)
X TOWN SYKCSVILLE 6 mo 2/day	TOWN Baltimore 3101-4
HOSPITAL OR Springfield State	STREET (II rural give focation)
15 STREET ADDRESS 1 01 1705 pital	11/3. Amn Street
3. NAME OF WLADYSLAWA SENDERS (GALKA (Type or Print) Lore It & Sanders	(Lest) 4. DATE (Month) (Day) (Year) OF DEATH // 24 19 55
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, Specify Married 2	F BIRTH 9. AGE last birthday IF UNDER 1 YEAR Hours Min.
Oa. USUAL OCCUPATION (Giva kind of work dona during most of working life, aven if refired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? WHAT KINDERS
13. FATHER'S NAME WINCENTY KALICINSKI	14. MOTHER'S MAIDEN NAME GRABOSZ
15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yas, no, or unk.) (If Yas, give war or datas of service)	TMr.STANISLAUS SENDERS 117 S. Ann St
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
289.0 IMMEDIATE CAUSE (A) TOUR S ON SE	ease 10 mo +
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	
	rentiq: Prick's disease 10 mo+
190. DATE OF OPERATION 195. MAJOR FINDINGS OF OPERATION AT - WELSTING WANT	Picks dislase YES NO NO
	ic. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. RNJURY OCCURRED While Not while et work 21d. Al. et work 21d.	If, HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	, 19.5.5., to 13 - 2.4., 19.5.5., that I last saw the deceased
alive on 11 - 23 , 19 55 , and that death occurred at.	2.175M, from the causes and on the date stated above.
Walther H. Somenteloff M.D. S.	Parmanual State Stage 1/24/55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR C	LOCATION (City, town, for county) (Stete)
Burial nov. 28/55 Holy Ros	ary Balta County
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	22 FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE 1 1055 Catery Terry	John h. Weller uns I Chester of

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: carefully. Thank and legibly. COUNTY Carroll STATE Maryland COUNTY Montgomery MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits write RURAL and give nearest town) OR and give nearest town)
TOWN Rural - Sykesville (in this place) TOWN Mos. 20 days Silver Spring. C HOSPITAL OR STREET (If rural, give iocation) INSTITUTION OR ADDRESS STREET ADDRESS 3408 Glorus Place f information death clearly (Middle) (Last) 4. DATE 3. NAME OF (Month) (Day) (Year) DECEASED: (Type or Print) DEATH Ellen Schade 19 6. COLOR OR 7. SINGLE. MARRIED. 8. DATE OF BIRTH: 5. SEX: 9. AGE last birthday: | IF UNDER I YEAR ! IF UNDER 24 HRS WIDOWED, DIVORCED. RACE: (Specify): Widowed dof 10b. KIND OF BUSINESS OR of 10a. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT work done during most of work life, COUNTRY? y every item the causes o even if retired): Housewife Washington, D. C. TISA 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: Catherine McCarty Patrick Hurley 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT & ADDRESS: 16. SOCIAL SECURITY NO .: (Yes, no, or unk.) (If Yes, give war or dates of service) Suppl no Record, Springfield State Hospital 18. MEDICAL CERTIFICATION RESERVED INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: ONSET AND DEATH INK. (a) Pulmonary Embolism

Immediate cause Antecedent cause(s) Diseases or conditions, if any,

Arteriosclerotic Heart Disease (b) giving rise to the above cause DUE TO

stating underlying cause last Fracture, right femur IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Chronic Brain Syndrome associated with

TO THE DEATH BUT NOT RELATED TO THE Chronic Brain Syndrome associated with DISEASE OR CONDITION CAUSING DEATH. Circulatory Disturbance, cerebral arteriosclerosis, 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: With psychotic reaction 20. AU 21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory,

PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. OF street, office bldg., etc., INJURY hospital 21e. INJURY OCCURRED 21d. TIME (Month) (Day) (Year) (Hour) | Not while INJURY 11 PM work at work 22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and

find that death resulted from: Natural causes | Accident | Suicide | Homicide | Undctermined cause | SIGNATURE

28. BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY REMOYAL (Specify): DURIAL

24. EUNERAL DIRECTOR

21c. (City or town)

Sykesville

21f. HOW DID INJURY OCCUR?

pushed or fell to floor

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAM.

DEPUTY MEDICAL EXAMINER

LOCATION (City, town, or county)

(County)

Carroll

Patient either was

(State) ADDRESS

Years

6 days

6 years

20. AUTOPSY? Yes M No I (State)

Maryland

DATE SIGNED

DATE REC'D BY LOCAL

W S 国

UNFADING Physicians:

MARGIN

B.V UABRUS

CAST DI NONT

DECENED

10704 CERTIFICATE OF DEATH

Reg. Dist. No. 70

				HOLLIN ON STORY	
1. PLACE OF DEATH			2. USUAL RESIDENCE (HOME) OF DECEASE	COUNTY
	roll	MARYLAND	Marylar		
OR give nearest	reperate limits, write RUR	AL and LENGTH OF STAY (in this place)	OR TOWN Taneyto	nwo	L and give nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRESS	la Middle	Street	STREET ADDRESS 12 1	(If rural, give to Middle Street	
3. NAME OF DECEASED (Type or Print)	(First) Helen	(Middle) Elizabeth	(Last) Shaum	OF DEATH	onth) (Day) (Year) 1/13/55 19
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED MILYORCAD, (Specify) Married	8. DATE OF BIRTH 9/22/1895	9. AGE last birthday 60 yrs.	If under, I year If under 24 hrs. Months. Days Hours Min.
IOa. USUAL OCCUPA	ATION (Give kind of work orking life, even if retired)	10b. Kind of Business on Industry Her own home	11. BIRTHPLACE (State Littlestown,	or foreign country)	12. CITIZEN OF WHAT
13. FATHER'S NAM	Wisotzkey	1102 0112 22020	14. MOTHER'S MAIDEN	NAME	
18 Was Dugmague Ex	TER IN U.S. ARMED FORCES (If year, give war or dates service)	16. Social Security No. None	17. INFORMANT AND Prancis C. Sha	ADDRESS (Fran	ncis E. Shaum) town, Md.
		IS. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
I. DISEASES OR CO	NDITIONS DIRECTLY				ONSET AND DEATE
Immediate	cause (a)	cute Coronary	aning occ	lusion	2 hm.
Anteceden		· · · · · · · · · · · · · · · · · · ·			5.
giving rise to	conditions, if any, (b) the above cause nderlying cause last	arterioscher	be Hears	isiase	Jya.
II. OTHER SIGNIFI Conditions contributed to the disease	CANT CONDITIONS uting to the death but not se or condition causing deat	in. Heypurte	min, Vasc	uları	5 yrs.
		FINDINGS OF OFERATION			20. AUDOPSY?
- (/					Yes 🗆 No 🕟
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJ	CE (Home, farm, factory, street, office bldg., etc.) URY	(CITY OR	TOWN) (C	COUNTY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
	ify that I attended th	e deceased from Dec.	, 1950, to Tur	, 1955, that	I last saw the deceased
alive on!	13 1955, ar	d that death occurred at	10:10 m., from the	causes and on the	date stated above.
23. BURIAL, CREM. REMOVAL (Spec	ATION DATE			LOCATION (City, town	
Burial (Spec			24. FUNERAL DIRECTO	Taneytown, C.	arroll Co., Md.
PATE REC'D BY	55- Ethe	M Mahrino	A.M. Lott		tlestown, Pa.
			Pug R. A. Lo	itle	

MARGIN RESERVED FOR BINDING

BUREAU V. E.

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DECENEE

72 hours after death. After this director, the third copy of this

the registrar within in by the funeral

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

INSTRUCTIONS

114

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10705CERTIFICATE OF DEATH

10709

10000

Reg. Dist. No....

1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DECEASED	
COUNTY Carroll	MARYLAND	STATE Marylan	d COUNTY	
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (If outside corpore	ate limits, write RURAL end give near	est town)
OR end give neerest town)	(in this plece)	OR TOWN TO TAKE		3V01-4
X TOWN Rural - Sykesville	14 mos., 26	days Town Baltim	(If rural give location)	2001-4
HOSPITAL OR INSTITUTION OR		STREET ADDRESS		
15 STREET ADDRESS Springfield	State Hospital	6500 0	edonia Avenue	V
3. NAME OF (First)	(Middle)	(Lest)	4. DATE (Month)	(Day) (Year)
(Type or Print) GEORGE	WILLIAM	SUMPSTER	DEATH 11	9 19 55
5. SEX 6. COLOR OR 7. SING WIE (Spe	GLE, MARRIED, DOWED, DIVORCED, Scify) Widowed 5/	17/94 9	61 yrs. IF UNDER Months	1 YEAR IF UNDER 24 HRS Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work	10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreig	n country) 12.	CITIZEN OF WHAT
done during most of working life, even if retired) Policeman	OR INDUSTRY	Maryland		USA
13. FATHER'S NAME		I 14. MOTHER'S MAIDEN N	AME	ODA
George William Su	-		Ann Smith	
15. WAS DECEASED EVER IN U. S. ARMED FORCE		17. INFORMANT & AI	DDRESS	
(Yes, no, or unk.) (If Yes, give wer or detes of serv	unknown	Record. S	pringfield State	Hospital
/	18. MEDICAL CEI			INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING	TO DEATH			ONSET AND DEATH
581.0 IMMEDIATE CAUSE (A)	Multiple Lung absc	esses		3 days +
ANTECEDENT CAUSE(S) DUE TO	Aspiration			3 days #
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	Application) days F
STATING UNDERLYING CAUSE LAST. DUE TO	7.4			
(C)	Liver cirrhosis p			years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	" Curonic brain svi	ndrome associate	ed with cerebral	
DISEASE OR CONDITION CAUSING DEATH.	arteriosclerosis,	with psychotic	reaction	2 - 3 years
196. DATE OF OPERATION 196. MAJOR	FINDINGS OF OPERATION			20. AUTOPSY?
A A COLORA DE LA LIBERTANIA DE LA CALLANIA DE		OI- WHERE DID INHIBY OCCUR	16:	And the state of
	JRY street, office bldg., etc.)	21c, WHERE DID INJURY OCCUR	? (City or town) (Coun	iy) (Stete)
21d. TIME OF INJURY (Month) (Dey) (Year) (H	lour) 21e. INJURY OCCURRED While Not while M. et work et work	21f. HOW DID INJURY OCCUR		
		2	**	
22. I hereby certify that I attended				
alive on11/9	5, and that death occurred a	t.8.:35A.M, from the ca	uses and on the date state	d above.
SIGNATURE	1000	ADDR	ESS (Street, city, town, stete)	DATE SIGNED
Walther H. Jonnes	stelds M.D.	Svk	esville, Maryla	nd 11/9/55
23. BURIAL, CREMATION, DATE THEREO			LOCATION (City, town, or county)	man had distributed and the same of the sa
REMOVAL (SPECIFY)	1-1953 LOUDON F	DU	BATO MA	2.
	The state of the s	25. FUNERAL DIRECTOR'S S		ADDRESS
24. REC'D BY REGISTRAR'S REGISTRAR'S	SIGNATURE	25. FUNERAL DIRECTOR'S S	1 12 -	_
DATE /W. 13, 1955 C. &	arres Meers	Coloner N. (xelin 5494	BELAIRK

MALYIAN STATE DEPARTMENT OF HEALTH-PARTMENT, TH

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1 45000			THE SOULED		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
			wifes to visit		
erega : - 1 Fe		4			

EUREAU V. S.

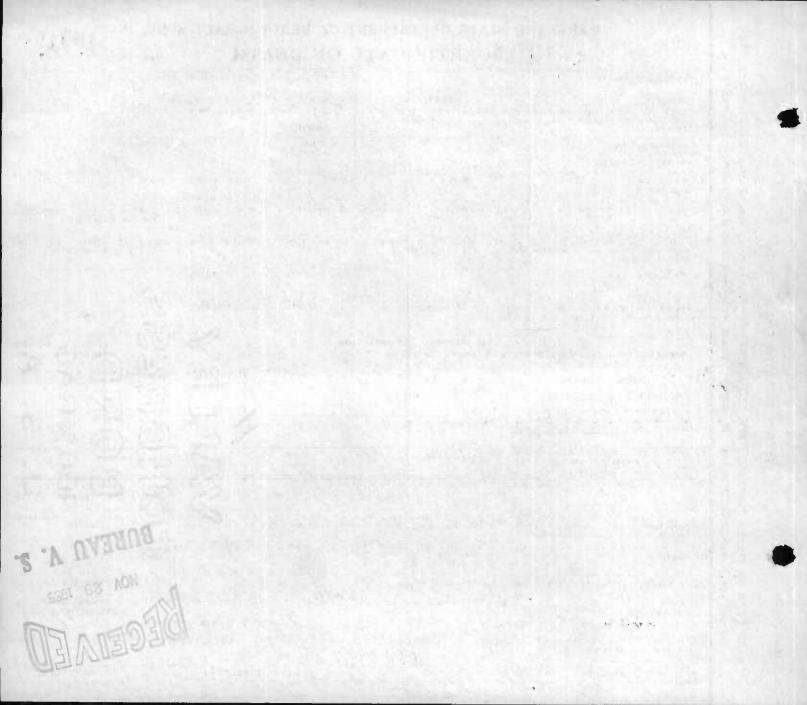
correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1	The
13	carefully.
13	information
(item of
To.	every
BINDIN	Supply
FOR	INK.
MARGIN RESERVED FOR BINDING	PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully
ARGIN	WITH
M.	PLAINLY,
	WRITE
	OR
00 - 01	TYPE
. UT	PLEASE

MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMO	RE,	18
1070) SCEF	RTIFICATE	OF	DEATH	Reg	n:

10410-

10706CERTIFICATI	E OF DEATH Reg. Dist. No.
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY CAGARA MARYLAND	STATE Med COUNTY BALTIMES
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
OR and give nearest town) (in this place)	TOWN PAINT A PORTOR
HOSPITAL OR	STREET (If rural give location)
STREET ADDRESS Shally Mill Fid.	ADDRESS Sidely hell Ka
DECEASED: K K	(Last) 4. DATE (Month) (Day) (Year)
5. SEX: / 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	Maugh DEATH: 11 - 40 1995
RACE: WIDOWED, DIVORCED.	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
male will (Specify): wedowed) -) - 5 8 /4 yrs.
10A. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired):	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14 MOTHER'S MAIDEN NAME:
Robert K. Tural augh	Susan Sullevan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:
of tell of service)	Mr. (llay brabb. Manchester lit.
18. MEDICAL CERTIFICAT	TION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
IMMEDIATE CAUSE (A)	rio-Schurs Smul 1042
DUE TO	
ANTECEDENT CAUSE (\$) DISEASES OR CONDITIONS, 1F ANY, (R)	
GIVING RISE TO THE ABOVE CAUSE DUE TO	
STATING UNDERLYING CAUSE LAST. (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	N A CALL T. GAME - BOX 20. AUTOPSY?
0 / 1955/ angusarin	The ord out in Manual A VES NO B
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tony. 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?
OF INJURY (Day) (Year) (Hour) 2 IE INJURY OCCURRED While at work at work	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	, 19 , to N. , 19 , that I last saw the deceased
alive on 11 20 19 , and that death occurred at	
SIGNATURE , and that death occurred at	M, from the causes and on the date stated above. ADDRESS DATE SIGNED
and whitely	o Stryoung mad
	ERY OR CREMATORY LOCATION (City, town, or county). (State)
Durill 11-73-55 16140AS	Milliand Sparket, Mill
DATE REC'D BY LOCAL REGISTRATES SITTEMENT	24. FUNERAL DIRECTOR ADDRESS



Jump

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10707 CERTIFICATE OF DEATH

10711

			Reg. D	1541 1401
1. PLACE OF DEATH	2. U	SUAL RESIDENCE	(HOME) OF DECEA	SED
COUNTY ARROLL MARYL	AND C	TATE M.D.	COUNTY C. A.1	PPA/ I.
CITY (If outside corporate limits, write RURAL LENGTH OF	STAY C		imits, write RURAL and give	nearest town)
OR and give nearest town) (in this pl	70	OWN RICOLA I IA	Le e T WIIN	
HOSPITAL OR	16.54	TREET	/C > ' '	STEIR A
OINSTITUTION OR P.D. 2		DDRESS P.11.	(Il rural giva local?	onj
3. NAME OF DECEASED (First) (First) (Middle) (Middle)	1) T -	7	4. DATE (Month) OF DEATH	(Day) (Yaar)
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	1880 19.	AGE last birthday IF UN Month	DER 1 YEAR IF UNDER 24 HR.
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	11, BIRTH	IPLACE (State or foreign co	1	12. CITIZEN OF WHAT
done during most of working life, avan If OR INDUSTRY	18	/1	, , , , , , , , , , , , , , , , , , , ,	COUNTRY?
13. FATHER'S NAME	TURE	10.		LIS.A.
13. PAINTER'S NAME	14.	MOTHER'S MAIDEN NAMI		
GEORGEA. UTZ	2	AVILLI	DINCP	ER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECL	IRITY NO.	17. INFORMANT & ADDR	ESS	. ^
(Yes, ng, or unk.) (If Yas, give war or datas of service)	F	HOMAS	F. ITTT	ALESTMINSTE
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ICAL CERTIFICA	TION		INTERVAL BETWEEN
A DISEASES ON CONDITIONS DIRECTLY LEADING TO DEATH		-0	1	ONSET AND DEATH
120. / IMMEDIATE CAUSE (A) Corpor	cary 1-	Manut	esis	1/2 hr
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE	Vysea	larkena	Palisens	(Seneral
STATING UNDERLYING CAUSE LAST. DUE TO Stypes	tensia	17 huyes	andial	1
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH	luciai	tion		
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION				20. AUTOPSY?
/				YES NO
21a. ACCIDENT WAS UNDERLYING ☐ CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bidg., atc. (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHER	E DID INJURY OCCUR? (City or town) (C	county) (Stata)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCU While Not at work at w	while	DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from.	ent 10.	55 10 hry)	70 10 55	
elive on	occurred at		es and on the date st (Street, afty, town, state)	
Wylen Meicher	M.D. W	2 tucin	ester Md	Nev 21-19.
23. BURIAL, CREMATION, PANE OF CREMOVAL (SPECIFY) BANE OF CREMOVAL (SPECIFY)	EMETERY OR CREMATO	RY	CATION (City, town, or con	inty) (Stata)
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	1177112	INERAL DIRECTOR'S SIGN	AT 189	ADDRESS ID
DATE /1-23 JJ Homiete met	la AB	antons of L	low Wester	ADDRESS Med
			LOW THE PULL TOTAL	TWEALIN STOP 61

TOTOS CERTIFICATE OF DEATH.

COLUMN TWO INSTRU

10708 CERTIFICATE OF DEATH

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF D	ECEASED
COUNTY Carroll CITY (Il outside corporete limits, write RURAL	MARYLAND LENGTH OF STAY	STATE Maryland COUNTY	
X Town Rural - Sykesvil	(in this place)	O TOWN Baltimore City	3401
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield	State Hospital	STREET (III rure) 91 ADDRESS 516 N. Curley S	ive focetion) Street #5
3. NAME OF (First) DECEASED (Type or Print) Woodrow	(Middle) Paul –	(Lost) 4. DATE (Mo	
RACE W	NGLE, MARRIED, 18. DATE CONTROL 198. DATE CONTROL 1990 May 1	PF BIRTH PS. AGE lest birthday	Months Days Hours
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter	10b. KIND OF BUSINESS OR INDUSTRY Painting	11. BIRTHPLACE (State or foreign country) New Jersey	United Sta
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
James Walson		Anna Dejoy	
15. WAS DECEASED EVER IN U. S. ARMED FORC	rvice)	17. INFORMANT & ADDRESS	J State Hamit
no f	18. MEDICAL CER		interval bety
I DISEASES OR CONDITIONS DIRECTLY LEADING	TO DEATH	THICK TON	ONSET AND D
4491X IMMEDIATE CAUSE (A)	Bronchopneumonia		6 days
ANTECEDENT CAUSE(S) DUE TO	Henitolegia	mc	ore than 5 year
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO		me.	TC widit) year
(C)	16		
(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE		ebral arteriosclerosis	more tha
(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		ebral arteriosclerosis	more tha years
(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19. DATE OF OPERATION 19b. MAJOR	Psychosis with cer		5 years 20. AUTOPS YES X NO
(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOI 21e. ACCIDENT WAS UNDERLYING 21b. E OR CONTRIBUTING CAUSE OF DEATH OF INJ	Psychosis with cer	ebral arteriosclerosis 21c. WHERE DID INJURY OCCUR? (City or town)	5 years 20. Autops
(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 190. DATE OF OPERATION 19b. MAJOR 21c. ACCIDENT WAS UNDERLYING 21b. E OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDIGAL-EXAMINER)	PSychosis with cer R FINDINGS OF OPERATION PLACE (Home, farm, fectory, JURY street, office bldg., etc.) Hour) 21e. INJURY OCCURRED		5 years 20. AUTOPS YES X NO
(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL-ENAMINER) 21d. TIME OF INJURY (Month) (Dey) (Year) (Psychosis with cer R FINDINGS OF OPERATION PLACE (Home, farm, fectory, URY street, office bldg., etc.) Hour) 21e. INJURY OCCURRED While Not while M. et work et work	21c. WHERE DID INJURY OCCUR? (City or town) 21f. HOW DID INJURY OCCUR?	5 years 20. AUTOPY YES NO (County) (State
(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOR 21e. ACCIDENT WAS UNDERLYING 22b. FOR CONTRIBUTING CAUSE OF DEATH OF INJURY (Month) (Dey) (Year) (10 CONTRIBUTION CONTRIB	Psychosis with cer R FINDINGS OF OPERATION PLACE (Home, farm, fectory, JURY street, office bidg., etc.) Hour) 21e. INJURY OCCURRED While Not while M. et work at work the deceased from Nov. a 30	21c. WHERE DID INJURY OCCUR? (City of town) 21f. HOW DID INJURY OCCUR?	County) 5 years 20. AUTOP: YES NO (County) (State
C C	Psychosis with cer R FINDINGS OF OPERATION PLACE (Home, farm, fectory, JURY street, office bidg., etc.) Hour) 21e. INJURY OCCURRED While Not while M. et work at work the deceased from Nov. a 30	21c. WHERE DID INJURY OCCUR? (Cily or lown) 21f. HOW DID INJURY OCCUR?	(County) State State County Cou
(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOR 21e. ACCIDENT WAS UNDERLYING 22b. FOR CONTRIBUTING CAUSE OF DEATH OF INJURY (Month) (Dey) (Year) (10 CONTRIBUTION CONTRIB	Psychosis with cer R FINDINGS OF OPERATION PLACE (Home, farm, fectory, JURY street, office bldg., etc.) Hour) 21e. INJURY OCCURRED While et work et work the deceased fromNov.a30 , and that death occurred at	21c. WHERE DID INJURY OCCUR? (City or town) 21l. HOW DID INJURY OCCUR? , 19.50, to. NOV 1s.t, 19.55	(County) State County) (State (County) (State County)
C C C	Psychosis with cer R FINDINGS OF OPERATION PLACE (Home, farm, fectory, JURY street, office bidg., etc.) Hour) 21e. INJURY OCCURRED While M. et work of work the deceased fromNov.a30 , and that death occurred at Martin Gross, M.D.	21c. WHERE DID INJURY OCCUR? (City or town) 21f. HOW DID INJURY OCCUR? , 19.50, to Nov. lst, 19.55 3:10PM, from the causes and on the causes (Street, city, town) Sykesville. Marylan	(County) State (County) (County) (State (County) (County) (State (County) (County) (State (County) (County) (State (County) (Coun
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 190. DATE OF OPERATION 190. MAJOR 210. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL-EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Year) (190. Major) 22. I hereby certify that I attended alive on MOV. LSt., 19. 55. SIGNATURE Malor Mov. LSt., 19. 55.	Psychosis with cer R FINDINGS OF OPERATION PLACE (Home, farm, fectory, JURY street, office bidg., etc.) Hour) 21e. INJURY OCCURRED While M. et work et work the deceased fromNov.a30 , and that death occurred at Martin Gross, M.D.	21c. WHERE DID INJURY OCCUR? (City or town) 21f. HOW DID INJURY OCCUR? , 19.50, to Nov. lst, 19.55 3:10PM, from the causes and on the causes (Street, city, town) Sykesville. Marylan	(County) State 10. AUTOPY YES NO (County) (State A, that I last saw the dedate stated above. A, state) DATE SI 11/2/
C C C C C C C C C C C C C	Psychosis with cer R FINDINGS OF OPERATION PLACE (Home, farm, fectory, JURY street, office bidg., etc.) Hour) 21e. INJURY OCCURRED While Not while M. et work et work the deceased fromNov.a30 , and that death occurred at Martin Gross, M.D. OF NAME OF CEMETERY OR Houlds	21c. WHERE DID INJURY OCCUR? (City or town) 21f. HOW DID INJURY OCCUR? , 19.50, to Nov. lst, 19.55 3:10PM, from the causes and on the causes (Street, city, town) Sykesville. Marylan	(County) State 10. AUTOPS YES X NO (County) (State 11/2/

MARYLAND STATE DIFARTMENT OF HEALTH CALTIMORE, 12

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HTARO TO STADISTINGS OF DEATH

BUREAU V. . The service

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A DESCRIPTION OF THE RESIDENCE OF THE PROPERTY OF THE PARTY OF THE PAR

10709 CERTIFICATE OF DEATH

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED				
COUNTY Carroll MARY	/LAND	STATE Marylar	nd county Ba.]	ltimore Gity 311		
CITY (If outside corporate limits, write RURAL LENGTH OF STAY		CITY (It outside corporete limits, write RURAL end give nearest town)				
OR and give naarast town) TOWN Sykesville (In this place) 10 days		or TOWN Baltimore 14				
HOSPITAL OR		STREET	(If rural give loc	ation)		
1/5 STREET ADDRESS Springfield State Hospital		ADDRESS 1808 Wendover Rd.				
3. NAME OF (First) (Middle) DECEASED (Type or Print) (Type or Print)	Wocker	(Lest) If USS	4. DATE (Month) OF DEATH 11	(Poy) (Yoor) 29 1955		
5. SEX 6. COLOR OR 7. SINGLE, MARRIED,	8. DATE O	F BIRTH		UNDER 1 YEAR LIF UNDER 24 HRS.		
Female White Widowed (Specify) Widowed		10,1892		nths Deys Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	ESS	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT		
refired) Housewife		Maryland	U.S.A.			
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	1		
George Miller		Louise Hembold				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SI	ECURITY NO.	17. INFORMANT &	ADDRESS Mrs. Codo	ll Moore (daughte		
(Yes, no, or unk.) (If Yas, giva wer or dates of service)	The State of the same	6307 Easte	ern Parkway Bal			
no /-	EDICAL CER		out reading bes	INTERVAL BETWEEN		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				ONSET AND DEATH		
443 X IMMEDIATE CAUSE (A) Cerebral vas	scular ac	ccident (Hemo:	rrhage)	days		
ANTECEDENT CAUSE(S) DUE TO						
CIVING DISE TO THE ABOVE CALISE	ve arter	loscierosis ca	ardio-vasc dise	ease years		
STATING UNDERLYING CAUSE LAST. DUE TO						
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING (C)	1 1 1	ttt compleme	and and an Tanan	2 _		
TO THE R SIGNIFICANT CONDITIONS CONTRIBUTING C. B. 6. 250	clated w.	ith cerebral	arterioscieros:	1s, years		
DISEASE OR CONDITION CAUSING DEATH. With psychotic		on		20. AUTOPSY?		
				YES NO		
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., office bi		1c. WHERE DID INJURY OCCI	JR? (City or town)	(County) (State)		
21d, TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e, INJURY OC						
	Not while					
22. I hereby certify that I attended the deceased from.	70-70-	1055 10 77.	-20_ 1055 .	hat I last saw the deceased		
alive on 11-29- , 19.55 , and that deat						
SIGNATURE / / / / /	n occurred at.	ADE	RESS (Straal, city, town, ste	ote) DATE SIGNED		
Walther H. Sommenselas	M D STO	ringfield Stat	te Hospital.	11-29-55		
	F CEMETERY OR		LOCATION (City, town, or	county) (State)		
Bureful 12-2-55 1	ellin	ore MI	Ball	mon smf.		
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS		
DATE /100.30, 1955 Contaction as	18)	1.7.1	uch a	and the state of the state of		

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TOTAL CERTIFICATE OF DEATH

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		ingles of			Pitrau	
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		is their				C
			BEST OF STREET STREET,			
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10710 CERTIFICATE OF DEATH

Des Dist N

OCTO CERTIFICAT	E OF DEATH Reg. Dlst. No	1,5
1. PLACE OF DEATH COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED.	Carroll
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give betoest town) TOWN LENGTH OF STAY (in this splace)	CITY (If outside exporate limits write BURAL and give TOWN	e nearest town)
OD STREET ABDRESS Manchetty by (# 1	STREET ADDRESS P. W. H. give location)	1
3. NAME OR (Print) (Middle) (Type of Print)	Luglug 4. DATE (Month) OF DEATH	(Day) (Year) (J. 1953)
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	14/1///877 78 yrs. Months	I year If under 24 hrs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, except frequency for Business on Industry	a Correll (x mal	COUNTRY)
13. FATHER'S NAME TO Changling	14. MOTHER'S MAIDEN NAME	
15. Was Deer (SED Ever IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (II yes, give was or dates of service)	17. INFORMANT AND JADDRESS TO THE	Inter had
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATE
442 X (a) Orterio Pa	Vertie C-V-R Disence	1040
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		
11. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1/-/ 9	, 0	
alive on	ADDRESS ADDRESS	DATE SIGNED
23. BUBIAL CREMATION DATE THERWOF NAME OF CEMETE	CRY OR CREMATORY LOCATION (City, town, or count	11-21-50
RETRIEVAL (Specify) 4/22/1955 Bulghun	and bally theology by	MIL
DATE REC'D BY LOCAL RIGISTRAR'S SIGNATURE REG. DOC 20-00 May 10-00	24. FUNERAL DIRECTOR TO THE PARTY OF THE PAR	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

The correct age

VS. A15

